

MANAGEMENT PLAN, FOLLOW-UP NOTES AND OUTCOME: (Time & date each entry)

DATE/TIME

Treatment suggested: HCF

Symptoms to monitor: CNS↓, esp irritation & cough

Follow-up schedule: 2-4°

10:15 Line Busy 8
10:18 Spoke c Terry. Gave warnings - ventilation etc. & ingredients on front form
10:21 Spoke Terry @ ^{Manager} Minneapolis. Home office closed. They are a fail.
store. Only had some info off can as mps store. Home office closed.
10:30 Told caller info. available 8 12/25/92
12:56 No Ans. 8
14:43 " p
16:43 " " 8
1824 No Ans. *Hand*
2002 No Ans. *Hand*
12/25/92
09:31 No Ans. 8RH
11:33 No Ans. 8RH
14:01 No Ans. 8RH
14:53 No Ans. 8RH
16:50 No Ans. 8RH
20:12 No Ans. 8RH
20:48 No Ans. 8RH
21:29 No Ans. 8RH
22:11 No Ans. 8RH
12/26/92
08:23 No Ans. 8RH
09:39 No Ans. 8RH
10:40 No Ans. 8RH
13:52 No Ans. 8RH
1802 " " *Hand*
2116 No Ans. DC *Hand*

CONSULTANTS/RESOURCES USED:

☐ Medical director

☐ Other consultant

☐ Texts

☐ Other

☒ Poisindex®

FORM
INITIATED BY:

FORM
COMPLETED BY:

FORM
REVIEWED BY:

1 2 3 4 5 6 7 8 9
1 2 3 4 5 6 7 8 9

AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION
VIA TELEPHONE

TO: Peter A. Chyka, Pharm.D.
Executive Director
Southern Poison Center, Inc.
848 Adams Avenue
Memphis, TN 38103

You are hereby authorized to release to the US Consumer Product
Safety Commission, Tennessee Agent: Janice Mitchell to
investigate incident.

the case data that involved the following person: Kinn Person

My relationship to the above person is checked below

☐ Mother

☐ Father

☐ Legal guardian

☒ Self

☐ Other, please describe _____

Verbal authorization given by telephone on the following date:

Signed AG Gellamudi

Date 1/25/93

For Poison Center Use	
Date received	_____
Case no.	_____

14621791

AAPCC COOPERATIVE POISON CENTER REPORT FORM

DATE: 12/24/92 TIME: 1741

CALL TYPE (T) (one only)	Victim (V) (one only)	Exposure Type (E) (one only)	REASON (R) (one only)			
			Accidental	Intentional	Adverse Reaction	Unknown
1. Exposure 2. Drug Information 3. Poison Information 4. Medical/Other	1. Human 2. Animal	1. Acute 2. Chronic 3. Unknown	6. Occupational 7. Environmental 8. Missed 9. Unknown	6. Suicidal 7. Mistle 8. Abuse 9. Unknown	10. Drug 11. Food 12. Other	13. Unknown Reason

PATIENT DATA

Name: DAVID ESSIE (grandson)

Telephone no.: 1 353-4436

Address: _____

Zip: _____

Age: 18 ☐ mo. ☒ yr. Weight: _____ ☐ lbs. ☐ kg.Sex: ☒ Male ☐ Female ☐ UnknownPertinent Medical History: ☐ Healthy ☐ No chronic meds ☐ No known allergiesCheck here if patient is pregnant ☐☐ Medical history unknown

PMD name & no.: _____

CALLER DATA

Name: Marian Davis ☐ MD ☐ RN☐ RPh ☐ OHPRelationship to patient: ☐ Self ☐ Father ☒ Other grandmo

Telephone no.: 1 357-5247

Address: _____ ☐ Memphis

Zip: _____ County: _____

Site of Caller ☒ Site of Exposure ☒☐ Residence ☒☐ Workplace ☐☐ Health Care Facility ☐☐ School ☐☐ Other ☐☐ Unknown ☐

SUBSTANCE DATA

Substance: Petrol. Base spray w/ leather preservative

Amount: inhaled fine while applying above

Ingredients: pet. dist. base

Manufacturer: _____

308-9095
803-9510

Time of/Since exposure: 20

Route of Exposure: ☐ Ingestion ☒ Inhalation/Nasal ☐ Ocular ☐ Dermal ☐ Bite/Sting ☐ Parenteral ☐ Unknown ☐ Other

HISTORY, ASSESSMENT, SYMPTOMS & CALCULATIONS

History (witnessed? amount verified? other products/victims?) ☐ No other products suspected

Caller's grandson 18 y/o sprayed above leather preservative 2nd ass & inhaled some of fine & cc initially hurt when he breathes deeply & some nausea. w/ other can self

Subjective complaints/objective findings ☐ No symptoms at this time

He breathes deeply, nausea

Assessment (symptoms expected? rationale?)

Initial assessment (choose one)

- ☐ Asymptomatic
☒ Symptomatic, related
☐ Symptomatic, unrelated
☐ Symptomatic, unknown if related

pet. dist. - risk of cop. int. in \uparrow coughing/flu

Rec for, ped. an. & get home of product/can. 7:0

Rec to VICE if selfx persist

Treatm. /
Facility:

Code:

MANAGEMENT PLAN, FOLLOW-UP NOTES AND OUTCOME: (Time & date each entry)

DATE/TIME

Treatment suggested:

20C fresh air, get name of container & call SPC
observe, to HCF if resp persist back

Symptoms to monitor:

n/c ↑ coughing/dyspnea

Follow-up schedule:

2-80

1989 Mom said David better now; container only said
contains pet distillate. Rec 20C, fresh air for museum
no coughing or dyspnea. John in Am

2/23/92
09:30

Spoke Grandmother. David is fine & ASX. SRA

CONSULTANTS/RESOURCES USED:

☐ Medical director

☐ Other consultant

☐ Texts

☐ Other

☒ Poisindex®

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INITIATED BY:

[Signature]

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COMPLETED BY:

[Signature]

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REVIEWED BY:

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1 2 3 4 5 6 7 8 9

**AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION
VIA TELEPHONE**

TO: Peter A. Chyka, Pharm.D.
Executive Director
Southern Poison Center, Inc.
848 Adams Avenue
Memphis, TN 38103

You are hereby authorized to release to the US Consumer Product
Safety Commission, Tennessee Agent: Janice Mitchell to
investigate incident.

the case data that involved the following person: David Esgro
Maureen Davis (grandmother said C.K. mother = Judith Esgro
said C.K.)

My relationship to the above person is checked below

☐ Mother
☐ Self

☐ Father

☐ Legal guardian

☒ Other, please describe

grandmother

Verbal authorization given by telephone on the following date:

Signed Shirley G. Zwick

Date 1/21/93 1839

For Poison Center Use	
Date received	_____
Case no.	_____

14621940

AAPCC COOPERATIVE POISON CENTER REPORT FORM

DATE: 12/28/92 TIME: 13:14

CALL TYPE (T) (one only)	Victim (V) (one only)	Exposure Type (E) (one only)	REASON (R) (one only)			
			Accidental	Intentional	Adverse Reaction	Unknown
1. Exposure 2. Drug Information 3. Poison Information 4. Medical/Other	1. Human 2. Animal	1. Acute 2. Chronic 3. Unknown	4. General 2. Occupational 3. Environmental 4. Misuse 5. Unknown	6. Suicide 7. Misuse 8. Abuse 9. Unknown	10. Drug 11. Food 12. Other	13. Unknown Reason

PATIENT DATA

Name: _____

Telephone no.: () _____

Address: _____

Zip: _____

Age: 32 ☐ mo. ☒ yr. Weight: _____ ☐ lbs. ☐ kg.Sex: ☐ Male ☒ Female ☐ UnknownPertinent Medical History: ☒ Healthy ☒ No chronic meds ☒ No known allergiesPhenytoin 100 mg from EL
DoxycyclineCheck here if patient is pregnant ☐☐ Medical history unknown

PMD name & no.: _____

CALLER DATA

Name: Sheila Heden ☐ MD ☐ RN☐ RPh ☐ OHPRelationship to patient: ☒ Self ☐ Father☐ Mother ☐ Other _____

Telephone no.: (901) 285-3443

Address: Dyersburg ☐ Memphis

Zip: _____ County: _____

Site of Caller

Site of Exposure

☐ Residence ☒☐ Workplace ☐☐ Health Care Facility ☐☐ School ☐☐ Other ☐☐ Unknown ☐

SUBSTANCE DATA

Substance: Wilson's Leather Protector

Amount: _____

Ingredients: _____

Manufacturer: _____

T: of/Since exposure: 1/24 11am

Route of Exposure: ☐ Ingestion ☒ Inhalation/Nasal ☐ Ocular ☐ Dermal ☐ Bite/Sting ☐ Parenteral ☐ Unknown ☐ Other _____

HISTORY, ASSESSMENT, SYMPTOMS & CALCULATIONS

History (witnessed? amount verified? other products/victims?) ☐ No other products suspected

Caller used above this weekend. Around 1pm
 She developed sxs below. She went to hospital
 where she works & doctor in EL didn't sign her in
 but did X-Ray & Rxed meds above. What are other effects?

Subjective complaints/objective findings ☐ No symptoms at this time

Cough & SOB ≈ 1pm

Still some SOB on deep breath

Assessment (symptoms expected? rationale?)

Initial assessment (choose one)

- ☐ Asymptomatic
☐ Symptomatic, related
☐ Symptomatic, unrelated
☐ Symptomatic, unknown if related
☐ Have you decontaminated?

No life threatening sxs so far reported.
 Can produce resp. irritation.
 Severity depends on individual & exposure.
 Still investigating 13

Treatment
Facility:

Code:

MANAGEMENT PLAN, FOLLOW-UP NOTES AND OUTCOME: (Time & date each entry)

DATE/TIME

Treatment suggested: O₂ HCF if

Symptoms to monitor:

↑ SOB, cough, CP

Follow-up schedule:

~~every 2 hrs~~ in am

2/29/92

9:07

Breathing is much better &

CONSULTANTS/RESOURCES USED:

☐ Medical director

☐ Other consultant

☐ Texts

☐ Other

☒ Poisindex®

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**AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION
VIA TELEPHONE**

TO: Peter A. Chyka, Pharm.D.
Executive Director
Southern Poison Center, Inc.
848 Adams Avenue
Memphis, TN 38103

You are hereby authorized to release to the US Consumer Product
Safety Commission, Tennessee Agent: Janice Mitchell to
investigate incident.

the case data that involved the following person: Shells
12/28 self

My relationship to the above person is checked below

☐ Mother

☐ Father

☐ Legal guardian

☐ Self

☐ Other, please describe _____

Verbal authorization given by telephone on the following date:

Signed Lynette L. Zulaika

Date 1/21/93 1826

For Poison Center Use	
Date received	_____
Case no.	_____

14622050

AAPCC COOPERATIVE POISON CENTER REPORT FORM

DATE: 12/30/92 TIME: 9:39

See 14622076

CALL TYPE (T) (one only)	Victim (V) (one only)	Exposure Type (E) (one only)	REASON (R) (one only)			
			Accidental	Intentional	Adverse Reaction	Unknown
1. Exposure 2. Drug Information 3. Poison Information 4. Medical/Other	1. Human 2. Animal	1. Acute 2. Chronic 3. Unknown	1. General 2. Occupational 3. Environmental 4. Misuse 5. Unknown	6. Suicidal 7. Misuse 8. Abuse 9. Unknown	10. Drug 11. Food 12. Other	13. Unknown Reason

PATIENT DATA

Name: Earl Clark

Telephone no.: 1 372-3168 *H

Address:

Zip:

Age: 41 mo. ☒ yr. Weight: ☐ lbs. ☐ kg.Sex: ☒ Male ☐ Female ☐ UnknownPertinent Medical History: ☒ Healthy ☒ No chronic meds ☒ No known allergiesCheck here if patient is pregnant ☐☐ Medical history unknown

PMD name & no.:

CALLER DATA

Name: Mrs. Clark ☐ MD ☐ RN ☐ RPh ☐ OHPRelationship to patient: ☒ Self ☐ Father ☐ Mother ☐ Other

Telephone no.: 1 745-9888

Address: ☐ Memphis

Zip: County:

Site of Caller

Site of Exposure

☒ Residence ☒☒ Workplace ☐☐ Health Care Facility ☐☐ School ☐☐ Other ☐☐ Unknown ☐

SUBSTANCE DATA

Substance: Wilsons Leather Products

Amount:

Ingredients:

Manufacturer:

TI: ☒ Since exposure: 9 few days agoRoute of Exposure: ☐ Ingestion ☒ Inhalation/Nasal ☐ Ocular ☐ Dermal ☐ Bite/Sting ☐ Parenteral ☐ Unknown ☐ Other

HISTORY, ASSESSMENT, SYMPTOMS & CALCULATIONS

History (witnessed? amount verified? other products/victims?) ☐ No other products suspected

Son got a leather coat for Christmas + sprayed
 this - ~~son~~ has been taking antibiotics - daughter
 sprayed the coat, son has had the problems described below
 Son was in room - mom sent son to the doctor today

Subjective complaints/objective findings ☐ No symptoms at this time

Coughing (bad/constant)

Assessment (symptoms expected? rationale?)

Initial assessment (choose one)

- ☐ Asymptomatic
☐ Symptomatic, related
☐ Symptomatic, unrelated
☐ Symptomatic, unknown if related

No specific - if you
 continuing resp. problems
 See PMD - He may give
 supportive care as he
 sees fit - No special tx
 76

Treatment:
Facility:

Code:

MANAGEMENT PLAN, FOLLOW-UP NOTES AND OUTCOME: (Time & date each entry)

DATE/TIME

Treatment suggested:

PM D

Symptoms to monitor:

Persistent symptoms

Follow-up schedule:

2-40

14:24 Went to PMD. Given shots & Rx. Present status w/k.
V.t. Biz. Dr Wookie saw pt. See 14622076.
Mom will be home p 4:30pm. Call then to get pt status

17:02 - Caller is still coughing & was given Biz Shot & PV Jussing
Erythromycin 400mg in case of infection. Feels somewhat better. My

2/5/11 - 10:05 - caller is getting bed rest now, rec to continue NED's strict rec.
F/c mng

14/43 10:43 Caller is back to n1. Feels better

CONSULTANTS/RESOURCES USED:

☐ Medical director ☐ Other consultant
☐ Texts ☐ Other ☐ Poisindex®

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1 2 3 4 5 6 7 8 9

**AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION
VIA TELEPHONE**

TO: Peter A. Chyka, Pharm.D.
Executive Director
Southern Poison Center, Inc.
848 Adams Avenue
Memphis, TN 38103

You are hereby authorized to release to the US Consumer Product
Safety Commission, Tennessee Agent: Janice Mitchell to
investigate incident.

the case data that involved the following person: Earl Clark
1200 Becky Clark

My relationship to the above person is checked below

☒ Mother

☐ Father

☐ Legal guardian

☐ Self

☐ Other, please describe _____

Verbal authorization given by telephone on the following date:

Signed Sydney White

Date 1/21/93 1843

For Poison Center Use	
Date received	_____
Case no.	_____

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14622059

AAPCC COOPERATIVE POISON CENTER REPORT FORM

DATE: 12/30/92 TIME: 10:33

CALL TYPE (T) (one only)	Victim (V) (one only)	Exposure Type (E) (one only)	REASON (R) (one only)			
			Accidental	Intentional	Adverse Reaction	Unknown
1. Exposure 2. Drug Information 3. Poison Information 4. Medical/Other	1. Human 2. Animal	1. Acute 2. Chronic 3. Unknown	1. General 2. Occupational 3. Environmental 4. Missed 5. Unknown	6. Suicidal 7. Misuse 8. Abuse 9. Unknown	10. Drug 11. Food 12. Other	13. Unknown Reason

PATIENT DATA

Name: _____

Telephone no.: () _____

Address: _____

Zip: _____

Age: _____ ☐ mo. ☐ yr. Weight: _____ ☐ lbs. ☐ kg.Sex: ☐ Male ☐ Female ☐ UnknownPertinent Medical History: ☐ Healthy ☐ No chronic meds ☐ No known allergiesCheck here if patient is pregnant ☐☐ Medical history unknown

PMD name & no.: _____

SUBSTANCE DATA

Substance: Wilson's Leather Proct

Amount: _____

Ingredients: _____

Manufacturer: _____

Ti: if/Since exposure: Since Christmas dayRoute of Exposure: ☐ Ingestion ☐ Inhalation/Nasal ☐ Ocular ☐ Dermal ☐ Bite/Sting ☐ Parenteral ☐ Unknown ☐ Other _____

HISTORY, ASSESSMENT, SYMPTOMS & CALCULATIONS

History (witnessed? amount verified? other products/victims?) ☐ No other products suspected

Caller gave son leather proct. & son sprayed it on his coat in the laundry room next to the kitchen - Mom was in the kitchen almost all day. Son went out - Mom has had symptoms below since then - Rx desired

Subjective complaints/objective findings ☐ No symptoms at this time

SOB/laching joint

Assessment (symptoms expected? rationale?)

Initial assessment (choose one)

- ☐ Asymptomatic
☐ Symptomatic, related
☐ Symptomatic, unrelated
☒ Symptomatic, unknown related

B/c of persistent symptoms, Rec. PMD. We have no specific to give - Rec. PMD for evaluation

79

Treatment:

Facility:

Code:

MANAGEMENT PLAN, FOLLOW-UP NOTES AND OUTCOME: (Time & date each entry)

DATE/TIME

Treatment suggested:

PMD

Symptoms to monitor:

Persistent symptoms

Follow-up schedule:

2-40

14:43 No Ans @ home. Can't reach @ work &

17:14 - No answer at home or work. PM / Baptist Minor Med. Ctr.

18:47 - Spoke & called. Went to M.D. & was told she had chemical pneumonia from the pt. Chest x-ray was ~~clear~~ spotty. Was referred to Pulmonary specialist & will be going Monday. Gave Ventolin inhaler & pc. needs to get pain in joints. Still exp. some SOB. Dry ^{fl} _{more}

4/4/82
14:11 - Work #, can't reach caller directly. No Ans @ home. Flu @ home later this pm &

11:31 doing a little better appointment on Wednesday to see pulmonologist still o. med. history follow up wed or Thurs

16:32 M.D. said there was no permanent damage & SOB should pass before long

CONSULTANTS/RESOURCES USED:

☐ Medical director☐ Other consultant☐ Texts☐ Other☐ Poisindex®

FORM

INITIATED BY:

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FORM

COMPLETED BY:

AB

FORM

REVIEWED BY:

1	2	3	4	5	6	7	8	9
1	2	3	4	5	6	7	8	9

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AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION
VIA TELEPHONE

TO: Peter A. Chyka, Pharm.D.
Executive Director
Southern Poison Center, Inc.
848 Adams Avenue
Memphis, TN 38103

You are hereby authorized to release to the US Consumer Product
Safety Commission, Tennessee Agent: Janice Mitchell to
investigate incident.

the case data that involved the following person: Eva Davidson
12/30

My relationship to the above person is checked below:

☐ Mother

☐ Father

☐ Legal guardian

☒ Self

☐ Other, please describe _____

Verbal authorization given by telephone on the following date:

Signed

Deborah L. White

Date

1/21/93 1848

7/1989

For Poison Center Use

Date received _____

Case no. _____

Treatment
Facility:

Code:

MANAGEMENT PLAN, FOLLOW-UP NOTES AND OUTCOME: (Time & date each entry)

DATE/TIME

Treatment suggested:

see PMD

Symptoms to monitor:

Persistent symptoms
Resp Problems

Follow-up schedule:

2-40

12:16 Ans Machine

14:43 " " 90

17:12 Caller not in. Will be in p 8PM. PM/

20:27 Caller not in - please answer the phone again
a Bupr # 537-3482 to call /

20:30 Paged caller

21:20 No return call from page

12/31/21 Ans mach no ans / 21/2

9:21

10:46 Answer

16:15 Sxs resolved. Didn't go to MD &

CONSULTANTS/RESOURCES USED:

☐ Medical director

☐ Other consultant

☐ Texts

☐ Other

☐ Poisindex®

FORM
INITIATED BY:

22

FORM
COMPLETED BY:

2

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REVIEWED BY:

1 2 3 4 5 6 7 8 9
1 3 3 4 5 6 7 8 9

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**AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION
VIA TELEPHONE**

TO: Peter A. Chyka, Pharm.D.
Executive Director
Southern Poison Center, Inc.
848 Adams Avenue
Memphis, TN 38103

You are hereby authorized to release to the US Consumer Product
Safety Commission, Tennessee Agent: Janice Mitchell to
investigate incident.

the case data that involved the following person: James Glenn
Hudson

My relationship to the above person is checked below

☐ Mother

☐ Father

☐ Legal guardian

☒ Self

☐ Other, please describe _____

Verbal authorization given by telephone on the following date:

Signed

Patricia Morgan

Date

1/26/93

For Poison Center Use	
Date received	<u>1/26/93</u>
Case no.	<u>14622057</u>

See case # 146 220 72

14622064

AAPCC COOPERATIVE POISON CENTER REPORT FORM

DATE: 12/30/92 TIME: 11:35

CALL TYPE (T) (one only)	Victim (V) (one only)	Exposure Type (E) (one only)	REASON (R) (one only)			
			Accidental	Intentional	Adverse Reaction	Unknown
1. Exposure 2. Drug Information 3. Poison Information 4. Medical/Other	1. Human 2. Animal	1. Acute 2. Chronic 3. Unknown	1. General 2. Occupational 3. Environmental 4. Missed 5. Unknown	6. Suicidal 7. Missed 8. Abuse 9. Unknown	10. Drug 11. Food 12. Other	13. Unknown Reason

PATIENT DATA
Name: Wife + child ill
Telephone no.: _____
Address: _____
Zip: _____

CALLER DATA
Name: Bobbie Wms ☐ MD ☐ RN ☐ RPh ☐ OHP
Relationship to patient: ☐ Self ☐ Father ☐ Mother ☒ Other husband
Telephone no.: 1 366-5297 home #
735-8148 WK
Address: _____ ☐ Memphis
Zip: _____ County: _____

Age: _____ ☐ mo. ☐ yr. Weight: _____ ☐ lbs. ☐ kg.
Sex: ☐ Male ☐ Female ☐ Unknown
Pertinent Medical History: ☐ Healthy ☐ No chronic meds ☐ No known allergies
Check here if patient is pregnant ☐ ☐ Medical history unknown
PMD name & no.: _____

Site of Caller	Site of Exposure
<input type="checkbox"/> _____ Residence	<input checked="" type="checkbox"/> _____
<input checked="" type="checkbox"/> _____ Workplace	<input type="checkbox"/> _____
<input type="checkbox"/> _____ Health Care Facility	<input type="checkbox"/> _____
<input type="checkbox"/> _____ School	<input type="checkbox"/> _____
<input type="checkbox"/> _____ Other	<input type="checkbox"/> _____
<input type="checkbox"/> _____ Unknown	<input type="checkbox"/> _____

SUBSTANCE DATA
Substance: Wilson's Leather Prot-Spray
Amount: _____
Ingredients: _____ Manufacturer: _____

Time of exposure: Sat. after Christmas Eve
Route of Exposure: ☐ Ingestion ☒ Inhalation/Nasal ☐ Ocular ☐ Dermal ☐ Bite/Sting ☐ Parenteral ☐ Unknown ☐ Other _____

HISTORY, ASSESSMENT, SYMPTOMS & CALCULATIONS

History (witnessed? amount verified? other products/victims?) ☐ No other products suspected

Caller has used about 1/2 bottle on a coat & he wants to know if he can wear the coat - Coat received Christmas eve & sprayed Sat. after Christmas - Wife + child have been sick

Subjective complaints/objective findings ☐ No symptoms at this time

6 mo child had a cold on the way up there & he's been sick since. Product sprayed on porch & he brought the coat inside - Wife has also had flu like symptoms

Assessment (symptoms expected? rationale?)

Initial assessment (choose one)

- ☐ Asymptomatic
- ☐ Symptomatic, related
- ☐ Symptomatic, unrelated
- ☐ Symptomatic, unknown related

Wife + child have been going to MD our recommendation would be see PMD - No further rec.

Treatment
Facility:

Code:

MANAGEMENT PLAN, FOLLOW-UP NOTES AND OUTCOME: (Time & date each entry)

DATE/TIME

Treatment suggested:

continue seeing MD

Symptoms to monitor:

Follow-up schedule:

Tomorrow

12/31/92

8:24

Mr Wins says wife & child are about the same & wife
taking antibiotics w/o see MD. y x's worse / 38.9

1/1/93

12:34

Feeling better. On ABs

CONSULTANTS/RESOURCES USED:

☐ Medical director

☐ Other consultant

☐ Tents

☐ Other

☐ Poisindex®

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FORM

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AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION
VIA TELEPHONE

TO: Peter A. Chyka, Pharm.D.
Executive Director
Southern Poison Center, Inc.
848 Adams Avenue
Memphis, TN 38103

You are hereby authorized to release to the US Consumer Product
Safety Commission, Tennessee Agent: Janice Mitchell to
investigate incident.

Mrs. Williams (wife)

the case data that involved the following person: Steven Williams
12/30 Bobbie Williams

My relationship to the above person is checked below

☐ Mother
☐ Self

☒ Father

☐ Legal guardian

☐ Other, please describe _____

Verbal authorization given by telephone on the following date:

Signed

Lynette G. Zwick

Date

1/21/93 1831

For Poison Center Use

Date received _____

Case no. _____

See case # 14622064
14622072

AAPCC COOPERATIVE POISON CENTER REPORT FORM

DATE: 12/3/82 TIME: 11:35

CALL TYPE (T) (one only)	Victim (V) (one only)	Exposure Type (E) (one only)	REASON (R) (one only)			
			Accidental	Intentional	Adverse Reaction	Unknown
1. Exposure 2. Drug Information 3. Poison Information 4. Medical/Other	1. Human 2. Animal	1. Acute 2. Chronic 3. Unknown	1. General 2. Occupational 3. Environmental 4. Misuse 5. Unknown	6. Suicidal 7. Mixture 8. Abuse 9. Unknown	10. Drug 11. Food 12. Other	13. Unknown Reason

PATIENT DATA

Name: Child Steven Williams

Telephone no.:

Address:

Zip:

Age: 6x mo. ☐ yr. Weight: ☐ lbs. ☐ kg.

Sex: ☐ Male ☒ Female ☐ Unknown

Pertinent Medical History: ☐ Healthy ☐ No chronic meds ☐ No known allergies

Check here if patient is pregnant ☐

☐ Medical history unknown

PMD name & no.:

CALLER DATA

Name: Babbie Wms ☐ MD ☐ RN ☐ RPh ☐ OHP

Relationship to patient: ☐ Self ☒ Father ☐ Mother ☐ Other

Telephone no.: 1 306-5297 home

Address: 735-848 W. Memphis

Zip: County:

Site of Caller

☐ Residence ☒

☒ Workplace ☐

☐ Health Care Facility ☐

☐ School ☐

☐ Other ☐

☐ Unknown ☐

Site of Exposure

SUBSTANCE DATA

Substance: Wilson Leather Proct

Amount:

Ingredients:

Manufacturer:

TI: 1/ Since exposure: Sat. after Christmas eve

Route of Exposure: ☐ Ingestion ☒ Inhalation/Nose ☐ Ocular ☐ Dermal ☐ Bite/Sting ☐ Parenteral ☐ Unknown ☐ Other

HISTORY, ASSESSMENT, SYMPTOMS & CALCULATIONS

History (witnessed? amount verified? other products/victims?) ☐ No other products suspected

See case # 14622064
Child has seen MD

Subjective complaints/objective findings ☐ No symptoms at this time

Child has been sick
She has had a cold

Assessment (symptoms expected? rationale?)

Initial assessment (choose one)

- ☐ Asymptomatic
- ☐ Symptomatic, related
- ☐ Symptomatic, unrelated
- ☐ Symptomatic, unknown related

Rec'd PMD for
continued
evaluation
No further info given
updated will probably be given

Treatment:
Facility:

Code:

MANAGEMENT PLAN, FOLLOW-UP NOTES AND OUTCOME: (Time & date each entry)

DATE/TIME

Treatment suggested:

Continue seeing P M D

Symptoms to monitor:

Follow-up schedule:

tomorrow

12/18/11
8:00

M. Was says wife/child are ahead the room's not better, taking antibiotics, Rite to see P M D if sx's worsen / 2 days F/U in 2 days

1/1/13
12:34

Feeling better. On AB so

CONSULTANTS/RESOURCES USED:

☐ Medical director

☐ Other consultant

☐ Texts

☐ Other

☐ Poisindex®

FORM
INITIATED BY:

FORM
COMPLETED BY:

FORM
REVIEWED BY:

1 2 3 4 5
1 2 3 4 5 6 7 8 9

89

**AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION
VIA TELEPHONE**

TO: Peter A. Chyka, Pharm.D.
Executive Director
Southern Poison Center, Inc.
848 Adams Avenue
Memphis, TN 38103

You are hereby authorized to release to the US Consumer Product
Safety Commission, Tennessee Agent: Janice Mitchell to
investigate incident.

Mrs. Williams (wife)

the case data that involved the following person: Steven Williams
12/30 Bobbie Williams

My relationship to the above person is checked below

☐ Mother

☒ Father

☐ Legal guardian

☐ Self

☐ Other, please describe _____

Verbal authorization given by telephone on the following date:

Signed

Lynette G. Zwick

Date

1/21/93 1831

For Poison Center Use	
Date received	_____
Case no.	_____

14622070

AAPCC COOPERATIVE POISON CENTER REPORT FORM

DATE: 12/30/72 TIME: 11:59

CALL TYPE (T) (one only)	Victim (V) (one only)	Exposure Type (E) (one only)	REASON (R) (one only)			
			Accidental	Intentional	Adverse Reaction	Unknown
1. Exposure 2. Drug Information 3. Poison Information 4. Medical / Other	1. Human 2. Animal	1. Acute 2. Chronic 3. Unknown	1. Accidental 2. Occupational 3. Environmental 4. Misuse 5. Unknown	6. Suicide 7. Misuse 8. Abuse 9. Unknown	10. Drug 11. Food 12. Other	13. Unknown Reason

PATIENT DATA

Name: _____

Telephone no.: () _____

Address: _____

Zip: _____

Age: A ☐ mo. ☐ yr. Weight: _____ ☐ lbs. ☐ kg.Sex: ☐ Male ☒ Female ☐ UnknownPertinent Medical History: ☐ Healthy ☐ No chronic meds ☐ No known allergiesCheck here if patient is pregnant ☐☐ Medical history unknown

PMD name & no.: _____

CALLER DATA

Name: Barbara Sharp ☐ MD ☐ RN☐ RPh ☐ OHPRelationship to patient: ☒ Self ☐ Father☐ Mother ☐ Other

Telephone no.: () 744-2839

Address: _____ ☐ Memphis

Zip: _____ County: _____

Site of Caller

Site of Exposure

☒ Residence ☒☐ Workplace ☐☐ Health Care Facility ☐☐ School ☐☐ Other ☐☐ Unknown ☐

SUBSTANCE DATA

Substance: Wilson's Leather Prot Spray

Amount: _____

Ingredients: _____

Manufacturer: _____

Time of exposure: _____

Route of Exposure: ☐ Ingestion ☒ Inhalation/Nasal ☐ Ocular ☐ Dermal ☐ Bite/Sting ☐ Parenteral ☐ Unknown ☐ Other

HISTORY, ASSESSMENT, SYMPTOMS & CALCULATIONS

History (witnessed? amount verified? other products/victims?) ☐ No other products suspected

Caller bought Sonia leather coat Dec. 11 & she sprayed the coat - she's been sick since then - MD called in an antibiotic for her

Subjective complaints/objective findings ☐ No symptoms at this time

Sinus problem anyway - she sometimes has weak / sore throat sore

Assessment (symptoms expected? rationale?)

Initial assessment (choose one)

- ☐ Asymptomatic
☐ Symptomatic, related
☐ Symptomatic, unrelated
☐ Symptomatic, unknown related

If symptoms persist, Rec: see PMD
Rec: see PMD for evaluating condition + not just get him to call in an antibiotic for him. 9/1

Treatment:

Facility:

Code:

*MANAGEMENT PLAN, FOLLOW-UP NOTES AND OUTCOME: (Time & date each entry)

DATE/TIME

Treatment suggested: See PMD

Symptoms to monitor:

Persistent Symptoms

Follow-up schedule:

2-210

- 14.12 Caller is awaiting National HQ for info. on what to do. Dr's. office will see her p she gets this info.
- 16.55 Spoke to M.D. Was told that pdt only causes probs for about 2-3 days. He feels that pdt. only aggravated her sinus condition. She's feeling much better today. Has not heard back from National H.Q. ~~for info~~ ^{level} to information. PM/y
- 2/2/12 8.5. Caller says already have allergies, but allergies seemed to have been affected last.
- 14/12 10:40 Caller is fine. Only allergies are still left. New saw MD. He called in Lx for AB

CONSULTANTS/RESOURCES USED:

☐ Medical director

☐ Other consultant

☐ Texts

☐ Other

☐ Poisindex®

FORM
INITIATED BY: JL

FORM
COMPLETED BY: JL

FORM
REVIEWED BY: JL

1 2 3 4 5
1 2 3 4 5 6 7 8 9

92

AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION
VIA TELEPHONE

TO: Peter A. Chyka, Pharm.D.
Executive Director
Southern Poison Center, Inc.
848 Adams Avenue
Memphis, TN 38103

You are hereby authorized to release to the US Consumer Product
Safety Commission, Tennessee Agent: Janice Mitchell to
investigate incident.

the case data that involved the following person: Barbara Sharp
12/30

My relationship to the above person is checked below

☐ Mother
☒ Self

☐ Father

☐ Legal guardian

☐ Other, please describe _____

Verbal authorization given by telephone on the following date:

Signed James L. White
Date 1/21/93 1841

For Poison Center Use
Date received _____
Case no. _____

14622077

AAPCC COOPERATIVE POISON CENTER REPORT FORM

DATE: 12/30/92 TIME: 13:08

CALL TYPE (T) (one only)	Victim (V) (one only)	Exposure Type (E) (one only)	REASON (R) (one only)			
			Accidental	Intentional	Adverse Reaction	Unknown
1. Exposure 2. Drug Information 3. Poison Information 4. Medical/Other	1. Human 2. Animal	1. Acute 2. Chronic 3. Unknown	1. Accidental 2. Occupational 3. Environmental 4. Misuse 5. Unknown	6. Suicidal 7. Misuse 8. Abuse 9. Unknown	10. Drug 11. Food 12. Other	13. Unknown Reason

PATIENT DATA

Name: _____

Telephone no.: () _____

Address: _____

Zip: _____

Age: 35 ☐ mo. ☒ yr. Weight: _____ ☐ lbs. ☐ kg.Sex: ☐ Male ☒ Female ☐ UnknownPertinent Medical History: ☐ Healthy ☐ No chronic meds ☐ No known allergiesCheck here if patient is pregnant ☐☐ Medical history unknown

PMD name & no.: _____

CALLER DATA

Name: Carol Hedron ☐ MD ☐ RN☐ RPh ☐ OHPRelationship to patient: ☐ Self ☐ Father
☐ Mother ☐ Other _____

Telephone no.: (901) 395-3439

Address: _____ ☐ Memphis

Zip: _____ County: _____

Site of Caller

☐ _____ Residence ☒☒ Workplace ☐☐ Health Care Facility ☐☐ School ☐☐ Other ☐☐ Unknown ☐

Site of Exposure

SUBSTANCE DATA

Substance: Wilson Leather Protectant

Amount: _____

Ingredients: _____

Manufacturer: _____

Time of exposure: Christmas 12/25/92

Route of Exposure: ☐ Ingestion ☒ Inhalation/Nasal ☐ Ocular ☐ Dermal ☐ Bite/Sting ☐ Parenteral ☐ Unknown ☐ Other _____

HISTORY, ASSESSMENT, SYMPTOMS & CALCULATIONS

History (witnessed? amount verified? other products/victims?) ☐ No other products suspected

Caller applied to coat. Had no sxs. Next day she wore coat & had sxs. Resolved the next day. Can she get lab done to detect it in the blood?

Subjective complaints/objective findings ☐ No symptoms at this time

Nausea - Mom Asx now
SOB, CP

Assessment (symptoms expected? rationale?)

Initial assessment (choose one)

- ☐ Asymptomatic
☒ Symptomatic, related
☐ Symptomatic, unrelated
☐ Symptomatic, unknown if related

Sxs seen usually @ time of exposure ^{evaluation} No lab test to i/v on exposure. 94

Treatment
Facility: _____

Code: _____

MANAGEMENT PLAN, FOLLOW-UP NOTES AND OUTCOME: (Time & date each entry)

DATE/TIME

Treatment suggested: *None*

Symptoms to monitor: *SOB, CP, malaise, cough. HA*

Follow-up schedule: *None Sxs resolved*

CONSULTANTS/RESOURCES USED:

☐ Medical director _____ ☐ Other consultant _____
☐ Texts _____ ☐ Other _____ ☒ Poisindex®

FORM
INITIATED BY: _____

FORM
COMPLETED BY: _____

FORM
REVIEWED BY: _____

1 2 3 4 5 6 7 8 9 10
1 2 3 4 5 6 7 8 9 10

AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION
VIA TELEPHONE

TO: Peter A. Chyka, Pharm.D.
Executive Director
Southern Poison Center, Inc.
848 Adams Avenue
Memphis, TN 38103

You are hereby authorized to release to the US Consumer Product
Safety Commission, Tennessee Agent: Janice Mitchell to
investigate incident.

the case data that involved the following person: Caval Henderson

My relationship to the above person is checked below

☐ Mother

☐ Father

☐ Legal guardian

☒ Self

☐ Other, please describe _____

Verbal authorization given by telephone on the following date:

Signed AG Mamed

Date 1/26/93

7/1989

For Poison Center Use
Date received _____
Case no. _____

14621966

AAPCC COOPERATIVE POISON CENTER REPORT FORM

DATE: 12/30 TIME: 1345

CALL TYPE (T) (one only)	Victim (V) (one only)	Exposure Type (E) (one only)	REASON (R) (one only)			
			Accidental	Intentional	Adverse Reaction	Unknown
1. Exposure 2. Drug Information 3. Poison Information 4. Medical/Other	1. Human 2. Animal	1. Acute 2. Chronic 3. Unknown	4. Sublethal 5. Occupational 6. Environmental 7. Abuse 8. Unknown	9. Sublethal 10. Abuse 11. Unknown 12. Other	10. Drug 11. Food 12. Other	13. Unknown Reason

PATIENT DATA

Name: BethTelephone no.: ()

Address: _____

Zip: _____

Age: 28 mo. yr. Weight: _____ lbs. _____ kg.Sex: ☐ Male ☒ Female ☐ UnknownPertinent Medical History: ☒ Healthy ☐ No chronic meds ☐ No known allergiesCheck here if patient is pregnant ☐☐ Medical history unknown

PMD name & no.: _____

SUBSTANCE DATA

Substance: Leather Protectant by Wilson

Amount: _____

Ingredients: _____

Manufacturer: _____

Time of exposure: 2 days agoRoute of Exposure: ☐ Ingestion ☐ Inhalation/Nasal ☐ Ocular ☐ Dermal ☐ Bite/Sting ☐ Parenteral ☐ Unknown ☐ Other _____

HISTORY, ASSESSMENT, SYMPTOMS & CALCULATIONS

History (witnessed? amount verified? other products/victims?) ☐ No other products suspectedspayed on coat - became ill 30-45 min laterThis product was recalled on Tuesday - Mr ButnerSubjective complaints/objective findings ☐ No symptoms at this time Wanted to contact the poison center so we would be aware that people in the area have been exposed.Nausea, burping/heartburn (H), some recall on Tues.Saw MD yesterday gave ABX & pain pills

Assessment (symptoms expected? rationale?)

Initial assessment (choose one)

- ☐ Asymptomatic
☐ Symptomatic, related
☐ Symptomatic, unrelated
☐ Symptomatic, unknown if related

Treatment
Facility:

Code:

MANAGEMENT PLAN, FOLLOW-UP NOTES AND OUTCOME: (Time & date each entry)

DATE/TIME

Treatment suggested:

Symptoms to monitor:

Follow-up schedule:

- 12/30/92 Pt has already gone to "chest doctor" who took xrr that was clear
1440 Today she has some epigastric discomfort and mild coughing - only mild
episode SOB. If sx worsen see MD earlier than scheduled for tomorrow. ~~Pt~~
- 21:25 Beth not doing any better. to return to chest
doctor tomorrow AM by
- 12/31/92 Sx's actually worse than appr'd at 11am today / Rbggs - 6/10 in am
934
- 16:13 went to Dr. Sxs resolved. CF from excessive cough. Given
cortisone tabs

CONSULTANTS/RESOURCES USED:

☐ Medical director ☐ Other consultant ☐ Texts ☐ Other ☐ Poisindex*

FORM
INITIATED BY:

PC

FORM
COMPLETED BY:

FORM
REVIEWED BY:

1 2 3 4 5 6 7 8 9 98

AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION
VIA TELEPHONE

TO: Peter A. Chyka, Pharm.D.
Executive Director
Southern Polson Center, Inc.
848 Adams Avenue
Memphis, TN 38103

You are hereby authorized to release to the US Consumer Product
Safety Commission, Tennessee Agent: Janice Mitchell to
investigate incident.

the case data that involved the following person: Beth Butner

My relationship to the above person is checked below

☐ Mother

☐ Father

☐ Legal guardian

☐ Self

☒ Other, please describe Spouse

Verbal authorization given by telephone on the following date:

Signed AS G. Manudi

Date 1/25/93

For Polson Center Use
Date received _____
Case no. _____

14622107

AAPCC COOPERATIVE POISON CENTER REPORT FORM

DATE: 12/31

TIME: 10:07

CALL TYPE (T) (one only)	Victim (V) (one only)	Exposure Type (E) (one only)	REASON (R) (one only)			
			Accidental	Intentional	Adverse Reaction	Unknown
1. Exposure 2. Drug Information 3. Poison Information 4. Medical/Other	1. Human 2. Animal	1. Acute 2. Chronic 3. Unknown	1. General 2. Occupational 3. Environmental 4. Mouse 5. Unknown	6. Suicide 7. Abuse 8. Unknown	10. Drug 11. Food 12. Other	13. Unknown Reason

PATIENT DATA

Name: Jason Brandon
Telephone no.: (1) (mom's) 312-8005 (W)
Address: Melissa Brandon
grandson 755-0555 (H)
Zip:

Age: 19 ☐ mo. ☒ yr. Weight: ☐ lbs. ☐ kg.
Sex: ☒ Male ☐ Female ☐ Unknown

Pertinent Medical History: ☐ Healthy ☐ No chronic meds ☐ No known allergies

Check here if patient is pregnant ☐

☒ Medical history unknown

PMD name & no.:

CALLER DATA

Name: Kay Nabors ☐ MD ☐ RN
☐ RPh ☐ OHP
Relationship to patient: ☐ Self ☐ Father
☐ Mother ☒ Other
Telephone no.: 901, G'man 357-6078
Address: ☐ Memphis

Site of Caller

Site of Exposure

☒ Residence ☐
☐ Workplace ☐
☐ Health Care Facility ☐
☐ School ☐
☐ Other ☐
☐ Unknown ☐

SUBSTANCE DATA

Substance: Wilson Leather Product Protector
Amount: "sprayed on coat" unknown amt.
Ingredients: Manufacturer:

Time of exposure: used on Dec. 22nd

Route of Exposure: ☐ Ingestion ☒ Inhalation/Nasal ☐ Ocular ☐ Dermal ☐ Bite/Sting ☐ Parenteral ☐ Unknown ☐ Other

HISTORY, ASSESSMENT, SYMPTOMS & CALCULATIONS

History (witnessed? amount verified? other products/victims?) ☐ No other products suspected

Sprayed coat 1 time in house, was found
laying on couch with sxs below. Unknown if
still symptomatic

Subjective complaints/objective findings ☐ No symptoms at this time

(H/A, sore throat)

mom had week before
the flu - they thought
he was getting + touching the
flu

Assessment (symptoms expected? rationale?)

Initial assessment (choose one)

- ☐ Asymptomatic
☒ Symptomatic, related
☐ Symptomatic, unrelated
☒ Symptomatic, unknown if related

Rec that need to find
out how g'son is doing 100
will call both H's.

Treatment
Facility:

Code:

MANAGEMENT PLAN, FOLLOW-UP NOTES AND OUTCOME: (Time & date each entry)

DATE/TIME

Treatment suggested: if sx's persist have evaluated by PMD/HCF

Symptoms to monitor: (persisted sx's) congestion, drainage, nosebleed,
respiratory complaints

Follow-up schedule: 2-10

- 12/31/92
10:12 Line busy at work, Ans mach on at home, called G'mom back to
hear that if respiratory conditions are persisted to have
evaluated by PMD/HCF. /Boggy
- 10:39 Mom says son is still coughing but getting better, will have
son see MD for sx's /Boggy F/U in 2-3dgs
- 11/9
9:15 G'mom states she hasn't heard from pt. He was to go to Dr
yest 8 (No Ans @ home)
- 12:38 Ans machine 8
- 14:44
- 16:45 785 Spoke w Mom: 758-0885. She hasn't reached
son for Flu 8 Mom will Flu & call SPC back.
- 752 Mom called to say G'mom is in McEhee, MS and she does not trust the
HCF there so will try to get him to come to Memphis on Monday for MD appt.
CONSULTANTS/RESOURCES USED: ☒ Medical director ☐ Other consultant ☐ Poindex
- 1/5/93 Ans. machine @ home 11:42
9:49 Ans. machine @ home 11:42
11:46 Ans. machine @ home 11:42

FORM
INITIATED BY: 1 Boggy

FORM
COMPLETED BY:

FORM
REVIEWED BY:

1 2 3 4 5
1 2 3 4 5 6 7 8 9 101

848 Adams Avenue • Memphis, Tennessee 38103

Patient Name: Tyson Brandon

Phone number: 158-0883-47

372-2704 / Bond

Substance: Wilson Leather Protector

ADDRESS NOTES

AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION
VIA TELEPHONE

TO: Peter A. Chyka, Pharm.D.
Executive Director
Southern Poison Center, Inc.
848 Adams Avenue
Memphis, TN 38103

You are hereby authorized to release to the US Consumer Product
Safety Commission, Tennessee Agent: Janice Mitchell to
investigate incident.

the case data that involved the following person: Jason Brandon
12/31 Kay Nabors at 357-0078

My relationship to the above person is checked below

☐ Mother

☐ Father

☐ Legal guardian

☐ Self

☒ Other, please describe grandmother

Verbal authorization given by telephone on the following date:

Signed Lynette L. White

Date 1/21/93 831

For Poison Center Use	
Date received	_____
Case no.	_____

UNITED STATES GOVERNMENT
MEMORANDUM

U.S. CONSUMER PRODUCT
SAFETY COMMISSION
WASHINGTON, D.C. 20207

TO : File

January 26, 1993

FROM : Robert B. Johnston
Compliance Officer, FOCR

SUBJECT: Memorandum Of Telephone Conversation
Wilsons Leather Protector
Vanguard Leather Protector
St. Louis, MO

On January 26, 1993, I held a telephone conversation with Charles Jacobson, CERM regarding the inspection report for Vanguard Chemical Corp. Vanguard was the manufacturer of the aerosol leather protector distributed by Wilson Leather Goods, Minneapolis, MN.

Mr. Jacobson was told that his copy of the inspection report for Vanguard would be mailed today. He was also asked to provide guidance to FOCR. He said he would review the report and let HS review the report also.

Mr. Jacobson said he had a theory about the problem with the leather protector. He said that the evaporation rate for isooctane was approximately one-third that of 1,1,1-trichloroethane. He said if the evaporation rate was slower, the user may be inhaling droplets of petroleum distillates as they have a longer exposure.

CONSUMER PRODUCT INCIDENT REPORT

1/18/93
Lund

1. NAME OF RESPONDENT: Brenda Whitehead		2. TELEPHONE NO. 412-673-1365		412-664-2336	
3. STREET ADDRESS 3007 York St.		4. CITY McKeesport		STATE PA ZIP CODE 15132	
5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURY (USE REVERSE SIDE IF NEEDED)					
<p>Respondent reports that she became ill (severe heartburn pains in lower rib cage and nauseous) on 01/01/93 after spraying partial contents of leather conditioner on her 1 year old leather coat. These symptoms have not really gone away and last night 01/07/93, she suffered severe chest pains while wearing her coat in a closed up car. Pain and nausea subsided somewhat after she got out of car and into open air. Hearing of the recall on the leather conditioner, and getting ill after its use, she contacted the retailer. They informed her that symptoms shouldn't last that long. Poison Control Center referred her to CPSC to report incident.</p> <p>She reports when she isn't near or wearing coat symptoms subside. Husband not affected.</p>					
6. DATE OF INCIDENT 01/01 and 01/17/93		7. IF INJURY OR NEAR MISS, OBTAIN AGE 36 SEX F AND DESCRIBE INJURY nausea chest pains rib area		8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME RELATIONSHIP	
9. DESCRIPTION OF PRODUCT leather conditioner		10. BRAND NAME Wilson's leather conditioner			
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE Wilson's Leather Products Minneapolis, MN		12. MODEL, SERIAL NO'S black small can with red/white lettering			
13. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES NO X IF YES, BEFORE OR AFTER THE INCIDENT?		14. PRODUCT PURCHASED NEW X USED DATE PURCHASED 12/92 AGE 1-2 wks			
15. HAVE YOU CONTACTED THE MANUFACTURER? YES X NO IF NOT, DO YOU PLAN TO CONTACT THEM? YES NO OTHER		16. DOES PRODUCT HAVE WARNING LABEL? YES IF SO, NOTE use in adequate ventilation			
17. IS THE PRODUCT STILL AVAILABLE? YES X NO IF NOT, ITS DISPOSITION has 3 cans 2 partial		18. MAY WE USE YOUR NAME WITH THIS REPORT? YES X NO			
19. DATE RECEIVED 01/18/93		20. RECEIVED BY (NAME & ORG) HPG PIT		21. DOCUMENT NO. N32-0003	
22. FOLLOW-UP ACTION		23. PRODUCT CODE 0952			
24. DISTRIBUTION GPO5 / FOR CP (FOCA) / 11		25. INCIDENT'S NAME & TITLE L E E			

~~E/F~~

CPSC 607-93

1. Case Number 930115 CME 7005		2. Invest. I. D. (8 / 2 / 0 / 0)		3. Office Code (8 / 6 / 2)		E P I D E M I O L O G I C I N V E S T I G A T I O N R E P O R T	
4. Date of Accident (93 / 01 / 07)		5. Date Invest Initiated (93 / 01 / 15)					
6. Synopsis of Accident or Complaint: This case involved a 17 year old victim found dead with a spray can of leather protector and a cloth saturated with the protector on the floor near the body. The victim died of respiratory failure due to inhalation of high concentrations of the product.							
7. Location (Home, School, Etc.) Home (1 / 0)			8. City Burleson,			9. State Texas (T / X)	
10A. First Product (1 / 1 / 3 / 3) Leather Protector		11A. Trade/Brand, Model, Mfgr & Address: Wilsons SKU 18996003 Minneapolis, MN. 55426					
10B. Second Product (/ / /) NONE		11B. Trade/Brand, Model, Mfgr & Address N/A					
12. Age of Victim (0 / 1 / 7)		13. Sex (Use No. Code) Male.....1 Female....2 (1) Unknown...3		14. Disposition Fatality (8)		15. Injury Diagnosis vapor inhalation (6 / 8)	
16. Body Part All parts (8 / 5)		17. Respondent(s) (Mother, Friend, etc.) Grandfather Police records Medical Examiner (3)		18. Type Invstgion On Site....1 Telephone..2 (2) Other.....3		19. Time Spent (/) (0)	
20. Attachments multiple (9)		21. Case Source complaint (0 / 7)		22. Reviewed by (9 / 2 / 3 / 7)		YR MO DY (93 / 02 / 05)	
23. Permission To Disclose Names (Non-NEISS Cases ONLY) CPSC May Disclose My Name () CPSC May NOT Disclose My Name (X)							
24. Narrative <u>Summary of Event:</u> The victim was in good health when he settled in front of the television to watch a video tape and clean the jacket or gloves that he had received for Christmas. His mother told authorities that she went to bed around 2230 hours and awoke at 0030 hours on 01-07-93 to find the lights still on. According to the Medical Investigator's report, "She went into the living room and saw her son face down on a bean bag chair." When she found him to be unresponsive and blue around the mouth, she called 9-1-1. (See Investigator's Report, Attachment #3.) The victim was taken to Huguley Memorial Hospital ER by Med-Star Ambulance. The victim was pronounced dead on arrival. The Burleson Police collected two aerosol cans of the product and a rag that was saturated with the subject product. The victim's grandfather was briefly interviewed by telephone. He indicated that the victim had been using the rag to clean his leather items appropriately since he received them. He indicated that the police had taken the cans of leather protector and the rag. This investigator called the Burleson Police and was told that the items involved had all been turned over to the Tarrant County Medical Examiner's office to assist in their determination. The victim appears to have died from massive respiratory failure from inhaling large amounts of the subject product. The victim appears to have saturated the rag for the purpose of breathing the vapors.				25. Regional Office Director Review Date / /			

Continued on Page 2

PRODUCT IDENTIFICATION:

The product in this case was the 7 ounce size, WILSONS brand, aerosol leather protector. The front panel was labeled in part as follows:

**** SUEDE & LEATHER *** WILSONS *** SINCE 1899 *** LEATHER PROTECTOR *** MAKES SUEDE AND LEATHER STAIN AND WATER RESISTANT *** KEEPS DIRT ON THE SURFACE FOR EASY WIPE OFF *** NEVER CHANGES COLOR OR ADVERSELY EFFECTS MATERIAL *** CONTAINS NO SILICONE *** CAUTION: VAPOR MAY BE HARMFUL CONTENTS UNDER PREASURE. READ CAREFULLY OTHER CAUTION ON BACK PANEL. *** NET WT. 7 OZ. ****

The back panel was labeled in part as follows:

****CO2 PROPELLANT *** NO FLUOROCARBONS *** CAUTION: CONTAINS 1,1,1 TRICHLOROETHANE. KEEP AWAY FROM HEAT, SPARKS AND OPEN FLAME. DO NOT PUNCTURE OR INCINERATE (BURN) CONTAINER. EXPOSURE TO HEAT OR PROLONGED EXPOSURE TO SUN MAY CAUSE BURSTING. *** AVOID BREATHING OF VAPOR OR SPRAY MIST. AVOID CONTACT WITH SKIN OR EYES. IF SPRAYED IN EYES, FLUSH THOROUGHLY WITH WATER. CALL PHYSICIAN IMMEDIATELY USE WITH ADEQUATE VENTILATION. *** KEEP OUT OF REACH OF CHILDREN *** MANUFACTURED FOR: *** SUEDE & LEATHER *** WILSONS *** SINCE 1899 *** MINNEAPOLIS, MN 55426 SKU 18996003 ****

The Medical Examiner was visited and interviewed concerning this case and it appeared that the victim's lungs contained more of the products chemicals than might be expected under normal use. The Autopsy Report had not yet been completed and will be forwarded on receipt.

STANDARDS INFORMATION:

There are no applicable Federal Standards for this product.

ATTACHMENTS:

1. Assignment and complaint report.
2. Photographs of the product
3. Copy of the Medical Investigator's Report
4. Copy of the Burlington Police Report

CONTACT

PURPOSE

RESULTS

Medical Examiner

To obtain event scenario,
and investigators reports
from interview records.

Pending completion

Police Department

To obtain event scenario,
and investigators reports
from interview records.

Pending completion

Victim's
grandfather

Product identification
and history.

Provided history
of product use.

CONSUMER PRODUCT INCIDENT REPORT

FOR OFFICIAL USE ONLY

Attachment #1

930111 CWE 7005K W13

1. NAME OF RESPONDENT
Robert Wagstaff (attorney)

2. PHONE NO. (HOME) WORK
907-277-8611 same

3. STREET ADDRESS
912 W. 6th Ave.

4. CITY STATE ZIP CODE
Anchorage AK 99501

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES (USE 2ND PGE IF NEEDED)
Respondent is filing complaint for client, [REDACTED] (street address unknown) Burleson, TX (zip code unknown) TEL: [REDACTED]

Consumer woke-up at 3 a.m. and found son laying unconscious on the living room floor (position unknown) and his lips were blue. Consumer called local police and son was taken to local hospital and was pronounced dead upon arrival. Autopsy was performed which stated son died of -cont-

6. DATE OF INCIDENTS
1/7/93

7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY:
17 YR/M death

8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME
[REDACTED]
RELATIONSHIP
client's grandson

9. DESCRIPTION OF PRODUCT
7-ounce leather protector spray

10. BRAND NAME
Wilsons Leather Spray

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE
Wilsons Leather
unknown
Minneapolis, MN 33437
612-541-3561
unknown
unknown
unknown

12. MODEL, SERIAL NUMBERS
unknown

13. DEALER'S NAME, ADDRESS & PHONE
unknown
unknown
unknown
unknown

14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES NO x IF YES, BEFORE OR AFTER THE INCIDENT? DESCRIBE:

15. PRODUCT PURCHASED NEW x USED
DATE PURCHASED unknown AGE unknown

16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: unknown

17. HAVE YOU CONTACTED THE MANUFACTURER? YES NO x IF NOT, DO YOU PLAN TO CONTACT THEM? YES x NO OTHER?

18. IS THE PRODUCT STILL AVAILABLE? YES NO x IF NOT, ITS DISPOSITION
In local police possession.

19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO

FOR ADMINISTRATION USE

20. DATE RECEIVED
01/15/93

21. RECEIVED BY (NAME & OFFICE)
kgw/hl

22. DOCUMENT NO.
H310110A1

23. FOLLOW-UP ACTION

24. PRODUCT CODE(S)

25. DISTRIBUTION

26. ENDORSER'S NAME & TITLE
[Signature] 1/15

01/15/93 13:47

301 504 0359

CPSC-Compliance --- Dallas Satell.

003/003

CONSUMER PRODUCT INCIDENT REPORT

H310110A1

massive respiratory failure.

Grandfather said son used spray as instructed earlier the same day (time and duration unknown).

Medical examiner's office in Fort Worth, TX is investigating son's death and suspects leather protector is the cause of death.

Consumer got CPSC hotline number from the information operator.

Attachment #3
930115 CWE 7005
Leather Spray
Inhalation Fatality

TARRANT COUNTY MEDICAL EXAMINER'S DISTRICT
SERVING TARRANT, PARKER, & DENTON COUNTIES

01-19-93
PAGE: 1

INVESTIGATORS REPORT

CASE NO. 930068T

NIZAM PEERWANI, M.D.
CHIEF MEDICAL EXAMINER
ME-CASE

DAVID CARPENTER
CHIEF MEDICAL INVESTIGATOR

DECEASED (F.M.L.): [REDACTED]

ADDRESS: [REDACTED] BURLESON

TX 76028

AGE: 017 BIRTH DATE: 11/04/1975 MARITAL STATUS: S PHONE [REDACTED]

EXAMREPT (ASCII, CR/LF) (WT66 01/07/93) WT66 01/07/93 07:34:46

BODY IS VIEWED IN THE EMERGENCY ROOM OF HUGM. BODY IS COLL.
DRESSED IN T-SHIRT. OTHER CLOTHING HAD BEEN CUT AWAY. BODY WAS
BROUGHT TO HOSPITAL BY MED-STAR AMBULANCE AFTER HE WAS FOUND
UNRESPONSIVE. BY HIS MOTHER. AT THEIR RESIDENCE.

MOTHER STATES HER SON HAS NO KNOWN MEDICAL HISTORY. WAS NOT
UNDER THE CARE OF A DOCTOR AND WAS NOT TAKING ANY PRESCRIPTION
MEDICATIONS. SHE STATES HE HAD COMPLAINED OF A HEADACHE ON 01-05-
93 AND HE HAD EATEN SOME MEXICAN FOOD ON 01-06-93. SHE STATES SHE
WENT TO BED AROUND 2230. 01-06-93 AND AWOKED AROUND 0030. 01-07-93
AND THE LIGHTS WERE STILL ON. SHE WENT INTO THE LIVING ROOM AND
SAW HER SON FACE DOWN ON A BEAN BAG CHAIR. SHE APPROACHED HIM AND
TURNED HIM OVER AND HE WAS BLUE AROUND THE MOUTH AND WAS HOLDING A
VCR TAPE IN HIS HAND. SHE THEN CALLED 9-1-1.

OFFICER J. POLLEY #302, BURLESON P.D. SERVICE NUMBER #9300660.
RECEIVED A CALL FROM HIS SUPERVISOR WHO WAS AT THE RESIDENCE. THE
SUPERVISOR STATED THEY HAD LOCATED A CLOTH SATURATED WITH "WILSON'S
LEATHER CLEANER".

BILL YOUNG, M.I.
01-07-93

** END OF NARRATIVE **

BURLESON POLIC
OFFENSEAttachment #4
930115 GME 7005
Leather Spray Protector
Inhalation FatalityCPS 93-00660 OFFENSE
UNATTENDED DEATHDATE/TIME MONTH DAY YEAR TIME OFFENSE OCCURRED MONTH DATE YEAR TIME
REPORTED 01 07 93 0026 ON/OR BETWEEN 01 07 93 @ 0026

ATTACK FIELD UCR CODE

CONNECTING CASE # PROPERTY CODE

CODES: V-VICTIM W-WITNESS COM-COMPLAINANT S-SUSPECT JUV-JUVENILE

NAME [REDACTED] SEX M RACE W AGE 17 DOB 11/05/75

RESIDENCE [REDACTED] ZIP 76028 PHONE [REDACTED]

BUSINESS N/A ZIP PHONE

NAME [REDACTED] SEX F RACE W AGE DOB

RESIDENCE [REDACTED] ZIP 76028 PHONE [REDACTED]

BUSINESS N/A ZIP PHONE

YEAR MAKE MODEL STYLE COLOR VIN

LICENSE NUMBER TYPE YEAR/STATE MISCELLANEOUS

DESCRIPTION OF DAMAGED PROPERTY:
VALUE

\$

\$

CASE SUMMARY:

SOURCE OF ACTIVITY/BACKGROUND

On 01/07/93 at 0026 hrs. 1 (Officer Polley#302) was dispatched to [REDACTED] in reference to an unconscious person who was not breathing.

OFFICERS OBSERVATION/INVESTIGATION

Upon arrival 1 and Officer Eakins were met at the front door of the residence by [REDACTED] who is [REDACTED] mother. Com [REDACTED] was hysterical and yelling at us to hurry and help her son. Upon making entry into the residence Officers observed V/[REDACTED] laying on his back in the living room with his head towards the front door and his feet towards the back door of the residence. Upon checking vital signs on V/[REDACTED] none could be found at which time Officers began conducting C.P.R..

REPORT BY : C. Polley DATE: 1/12/93 CASE ASSIGNED

SUPPLEMENTARY REPORT

BPD 100A-86

(X) CONTINUATION
() SUPPLEMENTAL

UNATTENDED DEATH

CASE FILE NO
93-00660

OFFENSE

Name of Complainant

Address

Phone No.

DETAILS OF OFFENSE, PROGRESS OF INVESTIGATION, ETC
(Investigating Officer Must Sign)

PAGE 2 of 3

DATE 01/07/93

OFFICERS OBSERVATION/INVESTIGATION (CONTINUED)

V/ [REDACTED] was blue in facial color however warm to the touch. Officers continued C.P.R. until Medstar and Fire Dept. personnel arrived and took over the scene. V/ [REDACTED] never regained consciousness or showed any vital signs when given medical treatment. V/Twaddle was then transported to Huguley Hospital by Medstar ambulance.

Officers then met with Com/ [REDACTED] who advised that she had went to bed on 01/06/93 @2230 hrs. and the last time she saw her son (V/ [REDACTED]) he was watching television. When she awoke she went out to the living room because she saw the lights on and discovered [REDACTED] in a fetal position on his knees and head with a video tape in his hand like he was attempting to put in the video tape when he was suddenly stricken with the unknown problem. Com/Cole then advised she rolled him over onto his back and discovered that he was not breathing and was unconscious at which time she called 911. Com/ [REDACTED] also advised that V/ [REDACTED] had been home all day and did not have any visitors to her knowledge and that he did not have any medical problems and was not taking any medication.

I then went to Huguley Hospital where I met with [REDACTED] who advised me that V/ [REDACTED] did not survive and at this time did not know the cause of death and that Tarrant Co. Medical Examiners office was enroute to the hospital.

Upon Tarrant Co. Medical Examiner arrived I met with Investigator Bill Young and advised him of what I had observed and heard up to that point. I was then called by Cpl. Carson #323 who advised that V/ [REDACTED] may have been inhaling leather cleaner at which time I relayed that information to Mr. Young.

EVIDENCE

See Detective Pollards report

POINT/METHOD OF ENTRY/EXIT

N/A

REPORT MADE BY

C. J. [Signature]

APPROVED BY

[Signature]

HPD 100A-86

SUPPLEMENTARY REPORT

(X) CONTINUATION
() SUPPLEMENTAL

UNATTENDED DEATH

CASE FILE NO
93-00660

OFFENSE

WITNESSES

Com [redacted] who discovered her son (V [redacted])
(See Crime Scene log for other Fire, Police and Medstar Personnel)

ADDITIONAL

Com [redacted] also advised me that V/ [redacted] had complained of a headache yesterday but every thing was normal around the house and that there had not been any argument between the two or any one else to her knowledge.

UNDEVELOPED LEADS

N/A

STATUS *Refer to CFS*

REPORT MADE BY *(Signature)* APPROVED BY *(Signature)*

LOCATION CRIME SCENE LOG
 SERVICE NO. 93-00600

PAGE 1 OF 1

NAME OF PERSON ENTERING	RANK	DEPARTMENT/ORGANIZATION	TIME-IN	TIME-OUT	REASON FOR ENTRY	PER. INITIAL
J.C. POLLEY		BURLESON P.D.	1232	0128	CRIME SCENE	CP 302
S. EARLINS		BURLESON P.D.	1232	0220	CRIME SCENE	
B. POSTER		BURLESON F.D.	1235	1247	MEDICAL	
L. BRYANT		BURLESON F.D.	1235	1247	MEDICAL	
G. MASOIL		BURLESON F.D.	1235	1251	MEDICAL	
R. BAKER		BURLESON F.D.	1235	1251	MEDICAL	
J. JONES		MED-STAR #52	1235	1251	MEDICAL	
P. CARSON		BURLESON P.D.	1234	1245	BURLESON P.D.	
R. MATTIX	SGT	BURLESON P.D.	1234	0209	CRIME SCENE	
RUSSELL HELMICK		504 TRNG FAMILY FRIENDS	1242	1251	FRIEND	
Kim HELMICK		504 TRNG FAMILY FRIENDS	1242	1251	FRIEND	
POUARD MIKE	DET.	BURLESON P.D.	0117	0245	CRIME SCENE	MP 310
D. HAINES		BURLESON P.D.	0200	0203	CRIME SCENE	
L. WICKES		BURLESON P.D.	1237	0226	CRIME SCENE	
P. COOK		MED-STAR #52	1235	1251	Medical	

LOG OFFICER'S NAME: L. WICKES #337 DATE: 01/06/93 TIME BEGIN: 1232 TIME END: 0245

CONTINUATION
SUPPLEMENTAL

JUDICIAL REPORT

CASE FILE NO.
93-00660

Classification

BPD 100A-86

Name of Complainant

Address

Phone N

Gender

Unattended Death

DETAILS OF OFFENSE, PROGRESS OF INVESTIGATION, ETC.
(Investigating Officer must sign)

Page No. 1 of 1

DATE 01-07-93

On above date at 0026 hours this Officer responded to [redacted] reference to an unconscious person who was not breathing. Upon this Officer's arrival, Officers Polley 302 and Officer Etkins 320 who were already on scene, were performing C.P.R. on an unconscious white male who was later identified as V/[redacted]. V/[redacted] was laying unconscious in the living room in front of the TV. Com/[redacted] who is V/[redacted] mother, was on scene and was very upset. This Officer then took Com/[redacted] into the kitchen area to try to calm her down. Med. Star and Fire Dept. personnel arrived on scene to treat V/[redacted], with Med. Star transporting him to Huguley a spinal. Det. Pollard 310 was contacted and arrived on scene for further investigation. This Officer remained on scene while Det. Pollard 310 completed his investigation. This Officer is unsure of Det. Pollard's conclusions but did observe Det. Pollard 310 take 2 cans of Lenthex Rotator and a wash cloth in for evidence. This Officer then secured the residence (as requested by Com/[redacted]) and cleared the scene with Det. Pollard 310.

INVESTIGATING OFFICER(S)

REPORT MADE BY

Koran 307

DATE

APPROVED BY:

117

SUPPLEMENTARY REPORT

Classification

BPD 100A-86

Адрес

Phone _____

Unattended Death

DETAILS OF OFFENSE, PROGRESS OF INVESTIGATION, ETC.
(Investigating Officer must sign)

Page No.

DATE 1-7-93

On 1-7-93 at 0700 Hours this officer arrived at the above address as requested by Cpl. Carson 323 to remove medical waste. This officer gathered the waste and left the scene at 0703 Hours in route to Med Store to dispose of the waste.

INVESTIGATING OFFICER(S)

REPORT MADE BY

1 APPROVED BY:

DATE 1/7/79

115

CONTINUATION
SUPPLEMENTAL

SUPPLEMENTARY REPORT
Investigation
Classification

CASE FILE NO.
93-00440
BPD 100A-86

Name of Complainant [redacted] Address [redacted] Phone No. [redacted]
[redacted] Burlington, TN 37602
Cause [redacted]
Unattended Death

DETAILS OF OFFENSE, PROGRESS OF INVESTIGATION, ETC.
(Investigating Officer must sign)

Page No. 1 of 3 DATE January 02, 1993

On Thursday January 7, 1993 at 00:26 hours I, (Sgt R.C. Mott) responded to [redacted] to assist Officer T.C. Polley 302 regarding a reported unconscious person who was not breathing. I was accompanied by Cpl E.P. Carson #323 who was a second officer in my patrol unit. Upon my arrival some five minutes after dispatch time I observed Officer Polley and secondary unit S. Perkins 320 administering "C.P.R." to a white male who was lying on his back in the living room area adjacent to a television set. The white male was identified as [redacted] D.O.B. 11-05-75. This identification was obtained from a female who identified herself as the victim's mother. ([redacted]) [redacted] frantically stated that she had awoken from her sleep, traveled to the living room and found her son unconscious lying in the floor grasping a "V.C.R." tape adjacent to the television set. [redacted] reportedly last observed her son when she went to bed at 2230hrs.

INVESTIGATING OFFICER(S) _____ REPORT MADE BY Sgt R.C. Mott DATE 01079
THIS CASE IS: _____ APPROVED BY: _____ 119

SUPPLEMENTARY REPORT

CASE FILE NO.

93-00660

BPD 100A-86

Investigation
Classification() CONTINUATION
(X) SUPPLEMENTAL

Name of Complainant

Address

Phone

Crime

Unattended Death

DETAILS OF OFFENSE, PROGRESS OF INVESTIGATION, ETC.
(Investigating Officer must sign)

Page No. 2 of 3

DATE January 07, 1993

Shortly after my arrival, Med Star Ambulance Service arrived and initiated procedures attempting to revive the victim. Medstar personnel were assisted by several Burleson Volunteer Fire Department Personnel. As emergency medical service was rendered I began establishing the necessary protocol for crime scene security and processing. Officer T. Wick #337 was summoned to the scene and instructed to begin crime scene logs documenting entry and exit by authorized persons into the area. I then notified Captain C.W. Peracy #317 and C.T.S. supervisors Sgt. C.K. Aaron #311. At the direction of Sgt. Aaron #311, Det. M. Pollard #310 was called to the scene and was designated the Officer in Charge of crime scene search. Det. Pollard #310 accomplished this assignment with the assistance of on-scene officers who acted at his direction. Officer Pollard was instructed to travel to the hospital (Huguley Memorial) and continue his investigation with the assistance of Victim Assistance Personnel who

INVESTIGATING OFFICER(S)

REPORT MADE BY

Sgt. C.E. Muth

DATE 01/07/93

APPROVED BY

120

CONTINUATION
SUPPLEMENTAL

SUPPLEMENTARY REPORT

Investigation
Classification

CASE FILE NO.

93-00660

BPD 100A-86

Name of Complainant

Address

Phone No

Cause

*Unattended Death*DETAILS OF OFFENSE, PROGRESS OF INVESTIGATION, ETC.
(Investigating Officer must sign)Page No. *3 of 3*DATE *January 7, 1993*

had been requested at the hospital facility.
Upon completion of crime scene processing / searches
officer Paxton #320 and Det. Pallard #310 had located
a white in color "wash type rag" that smelled of
unidentified chemical substance. This rag
was found near the victim's body in the
floor area. Also located in the vicinity of
the body was two spray cans of a shoe or
boot preservative / cleaners. These items were
taken into custody by Det. Pallard #310 and
removed from the scene for evidentiary
purposes.

At approximately 02:20 hours I departed the
scene and arrived at the Police Department
shortly thereafter for conclusion of my tour
of duty.

INVESTIGATING OFFICER(S)

REPORT MADE BY

Sp. P. E. [Signature]

DA 00792

THIS CASE IS:

APPROVED BY:

[Signature]

121

() CONTINUATION
(X) SUPPLEMENTAL

SUPPLEMENTARY REPORT

CASE FILE NO.
93-00660Offense
Classification

BPD 100A-86

Name of Complainant

Address

Phone N

Time

447-9283

Unattended Death

DETAILS OF OFFENSE, PROGRESS OF INVESTIGATION, ETC.
(Investigating Officer must sign)

Page No.

1 of 2

DATE 1-7-93

On 1-7-93 at 0026 hrs this officer and officer Pelley #302 responded to a person not breathing at [REDACTED] St. Officer Pelley #302 and this officer arrived on scene at approximately the same time. Officer Pelley #302 advised his vehicle going to the trunk to recover a BMW. As both officers approached the front door of the residence, Cam [REDACTED] advised his son V[REDACTED] was not breathing. Upon making entry into the residence V[REDACTED] was observed lying on his back in the living room next to an entertainment center.

Officer Pelley immediately checked V[REDACTED] for vital signs. Officer Pelley #302 advised he could not detect any pulse. This officer advised dispatched that CPR would be started on V[REDACTED]. After several CPR compression cycles Med Star and the Fire Department arrived on scene and took over the treatment of V[REDACTED].

V[REDACTED] was transported to Haysley Hospital for treatment.

INVESTIGATING OFFICER(S)

S. [REDACTED] #320

REPORT MADE BY

DATE

1-7-93

BPD CASE NO.

APPROVED BY:

CONTINUATION
SUPPLEMENTAL

SUPPLEMENTARY REPORT

CASE FILE NO.
93-00660
BPD 100A-86

Offense
Classification

Name of Complainant Address Phone No

Unattended Death

DETAILS OF OFFENSE, PROGRESS OF INVESTIGATION, ETC.
(Investigating Officer must sign)

No. 2 of 2 DATE 1-7-93

This officer remained at the residence with
Sgt. Mathis #321 and Cpl. Coenen #323 while
Officer Pally #302 went to Heyley Hospital.
Det. Pollard #310 came to the residence to
investigate the death.
During the investigation a white wash cloth was
located on the floor in the room where V [redacted]
had been lying, also a can of leather Polish
was observed sitting in the same room.
At approximately 0230 hrs this officer cleaned
the scene.

INVESTIGATING OFFICER(S) S. [redacted] #320 REPORT MADE BY DATE 1-8-93
THIS PAGE IS: APPROVED BY: 173

CONTINUATION
SUPPLEMENTAL

SUPPLEMENTARY REPORT

CASE FILE NO.

93-00660

OFFENSE
Classification

BPD 100A-86

Name of Complainant

Address

Phone No

BURKESVILLE, TX

Cause

UNATTENDED DEATH

DETAILS OF OFFENSE, PROGRESS OF INVESTIGATION, ETC.
(Investigating Officer must sign)

DATE 01/07/93

ON 01/06/93 AT APPROX. 0026 HRS OFFICERS POLLEY^{#342} AND EAKINS^{#320} RESPONDED TO AN UNCONSCIOUS PERSON WHO WAS NOT BREATHING. UPON ARRIVING OFFICER EAKINS^{#320} ADVISED DISPATCH THEY WERE CONDUCTING C.P.R.

SGT. MATTIX^{#321} AND CPL. CARSON^{#323} ARRIVED ON SCENE, ALONG WITH MEDICAL PERSONEL.

SGT. MATTIX^{#321} IMMEDIATELY CALLED FOR ANOTHER ASSISTING OFFICER (L. WICKLES^{#337}) TO CONTROL THE CRIME SCENE. REPORTING OFFICER L. WICKLES^{#337} ARRIVED AND OBSERVED MEDICAL PERSONEL PERFORMING C.P.R. ON A WHITE MALE LAYING ON THE GROUND WITH HIS HEAD TOWARD THE FRONT DOOR. I THEN OBTAINED THE NAMES OF THE PERSONEL ALREADY WITHIN THE CRIME SCENE AND MONITORED ANY OTHERS GAINING ENTRY.

MEDICAL PERSONEL TRANSPORTED THE WHITE MALE VIA MED-STAR TO HUGULEY.

UPON DET. POLLARD'S ARRIVAL I ASSISTED DET. POLLARD WITH THE CRIME SCENE.

INVESTIGATING OFFICER(S)

REPORT MADE BY

[Signature] 357

DATE

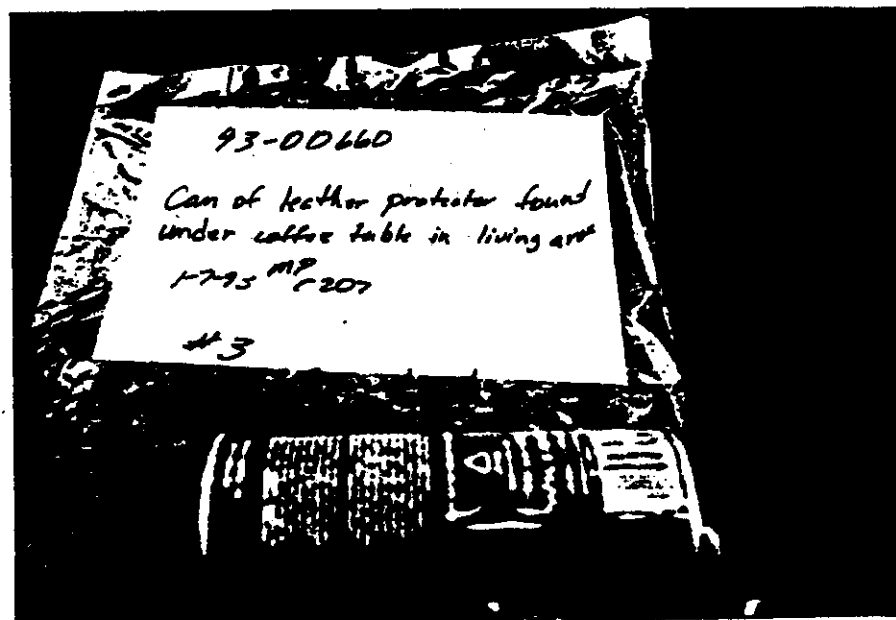
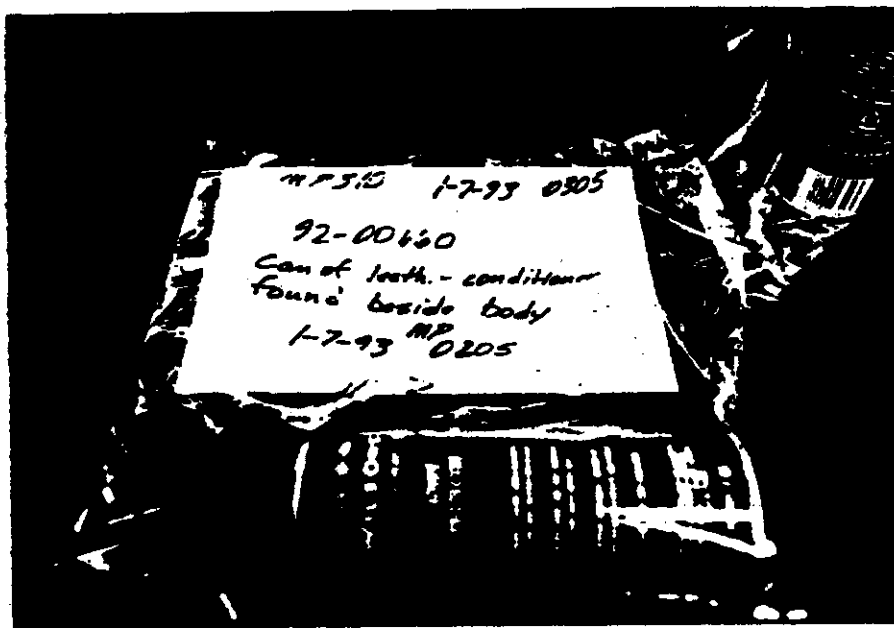
01/07/93

APPROVED BY

[Signature] 124

THIS CASE IS:

Photos #1 & #2 - Two cans in evidence at the ME's laboratory. Attachment #2
930115 CWB 7005
Leather Spray Cleaner
Inhalation Fatality



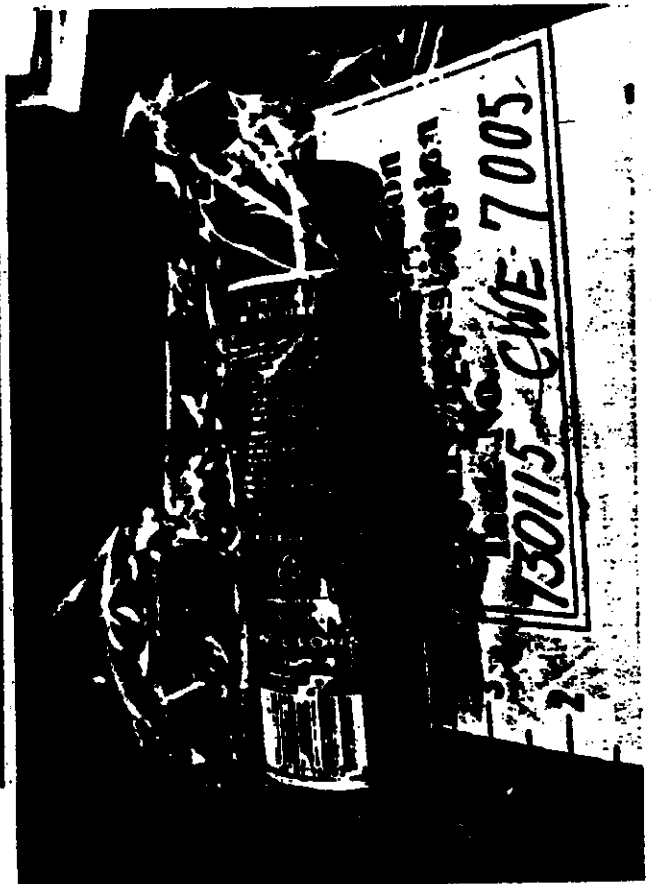
Photos #3 & #4 - Views of the front of the spray can;
labeled in part as follows:

**** SUEDE & LEATHER *** WILSONS *** SINCE 1899
*** LEATHER PROTECTOR *** MAKES SUEDE AND LEATHER
STAIN AND WATER RESISTANT *** KEEPS DIRT ON THE
SURFACE FOR EASY WIPE OFF *** NEVER CHANGES COLOR
OR ADVERSELY EFFECTS MATERIAL *** CONTAINS NO
SILICONE *** CAUTION: VAPOR MAY BE HARMFUL CONTENTS
UNDER PREASURE. READ CAREFULLY OTHER CAUTION ON
BACK PANEL. *** NET WT. 7 OZ. ****



Photos #5 - #7 - Views of the back of the spray cans and
labeled in part as follows:

****CO2 PROPELLANT *** NO FLUOROCARBONS ***
CAUTION: CONTAINS 1,1,1 TRICHLOROETHANE. KEEP AWAY
FROM HEAT, SPARKS AND OPEN FLAME. DO NOT PUNCTURE
OR INCINERATE (BURN) CONTAINER. EXPOSURE TO HEAT OR
PROLONGED EXPOSURE TO SUN MAY CAUSE BURSTING. ***
AVOID BREATHING OF VAPOR OR SPRAY MIST. AVOID
CONTACT WITH SKIN OR EYES. IF SPRAYED IN EYES, FLUSH
THOROUGHLY WITH WATER. CALL PHYSICIAN IMMEDIATELY
USE WITH ADEQUATE VENTILATION. *** KEEP OUT OF
REACH OF CHILDREN *** MANUFACTURED FOR: *** SUEDE &
LEATHER *** WILSONS *** SINCE 1899 *** MINNEAPOLIS,
MN 55426 SKU 18996003 ****



Attachment #2
930115 CWE 7005
Leather Spray Cleaner
Inhalation Fatality

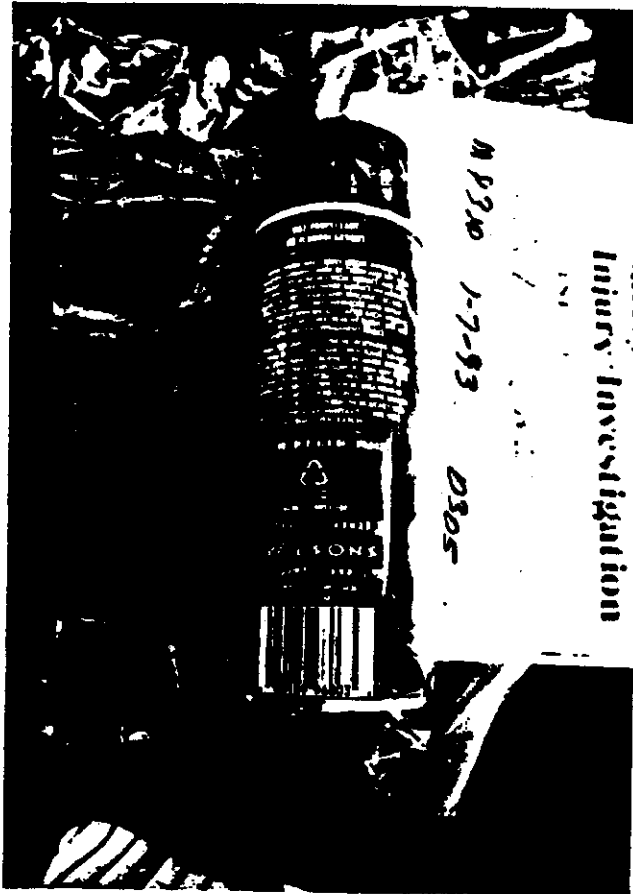


Photo #7 - Another view of the back of the can.
(See photo #5 for labeling.)

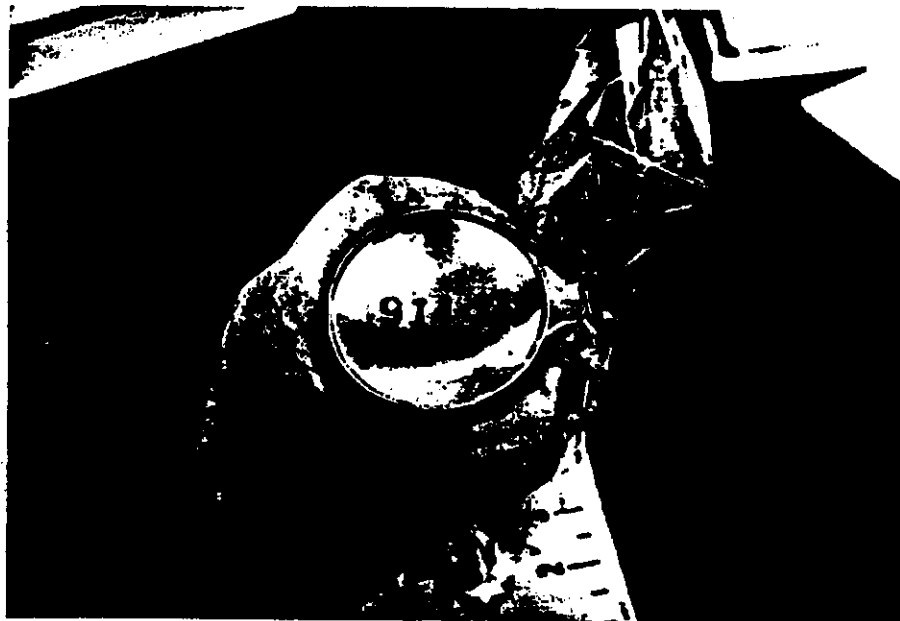


Photo #8 - The bottom of the can was stamped "91492".

Attachment #2
930115 CWE 7005
Leather Spray Cleaner
Inhalation Fatality

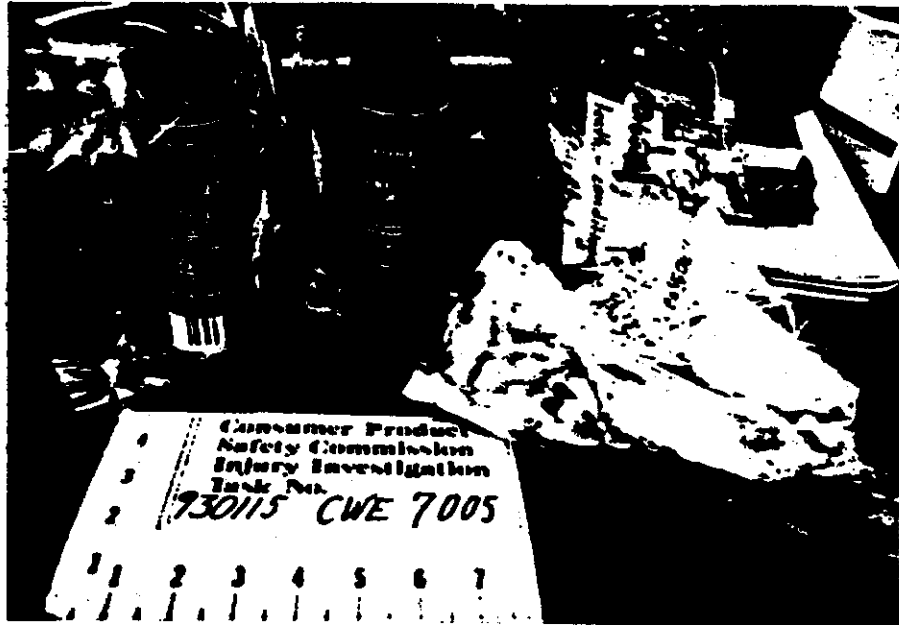


Photo #9 - An over view of the evidence in this case.

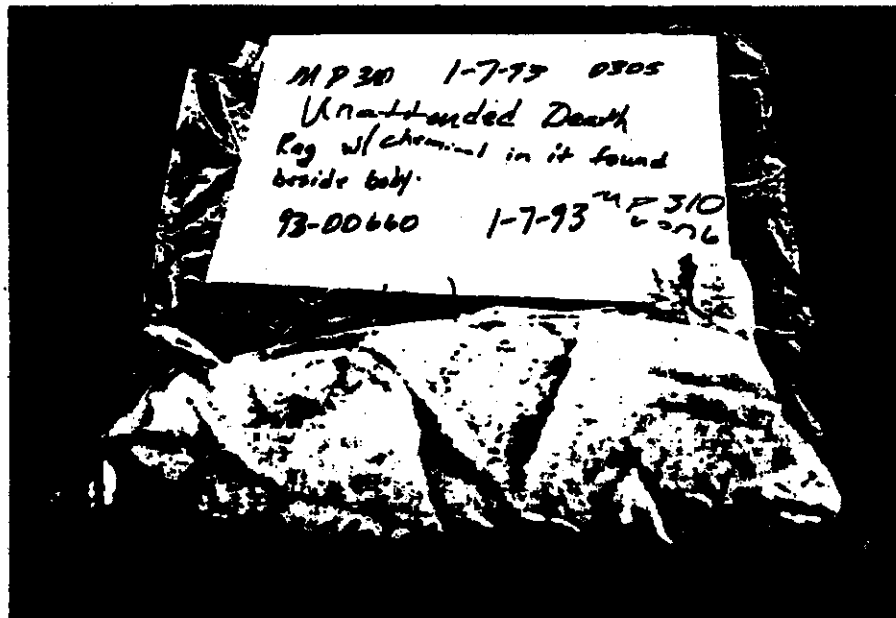


Photo #10 - The cloth used to clean the leather goods. The "rag with chemical in it", was found beside the victim.

CONSUMER PRODUCT INCIDENT REPORT

E/F

11/5/93
Bruce L.

1. NAME OF RESPONDENT JENNIFER HIGGINS		2. TELEPHONE NO. (Home) (Work) (617) 321-0354 (617) 437-1453	
3. STREET ADDRESS 36 CRESTVIEW Dr		4. CITY STATE ZIP CODE Malden MA 02148	
5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.) I Used the Wilsons Leather Protector and I WAS having trouble breathing, - (hurts to inhale and exhale and I choked trying) Nausea, dizziness, fever, shortness of breath, headaches Diagnosed as Acute Chemical pneumonia Lungs are chemically burnt			
6. DATE OF INCIDENT(S) c. 31, 1992	7. IF INJURY OR NEAR MISS, OBTAIN AGE 22 SEX F AND DESCRIBE INJURY Lungs Chemically burnt.	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME RELATIONSHIP	
9. DESCRIPTION OF PRODUCT MAKES SUEDE & leather stain/water resistant		10. BRAND NAME Wilson's Leather Protector CO2 propellant	
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE WILSONS LEATHER 400 Hwy. 119 South Suite 600 Minneapolis, MN. 55426		12. MODEL, SERIAL NO.'S SKU# 189A1003	
13. DEALER'S NAME, ADDRESS & PHONE WILSONS LEATHER Liberty tree Mall Rebody Ma.		14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES NO X IF YES, BEFORE OR AFTER THE INCIDENT? Describe	
15. PRODUCT PURCHASED NEW USED DATE PURCHASED 12/23/92 AGE		16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: Caution: Vapor may be harmful Contents under pressure.	
17. HAVE YOU CONTACTED THE MANUFACTURER? YES X NO IF NOT, DO YOU PLAN TO CONTACT THEM? YES NO OTHER	18. IS THE PRODUCT STILL AVAILABLE? YES NO X IF NOT, ITS DISPOSITION It was recalled	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES X NO	
FOR ADMINISTRATION USE			
20. DATE RECEIVED 1/15/93	21. RECEIVED BY (Name & Office) Boston R.P.	22. DOCUMENT NO. N32-0021	
23. FOLLOW-UP ACTION		24. PRODUCT CODE(S) 0952	
25. DISTRIBUTION EPOS/FOUCA/FOUCA/PI		26. ENDORSEER'S NAME & TITLE L & S	

CONSUMER PRODUCT INCIDENT REPORT

FOR OFFICIAL USE ONLY

FOG E/F

1/13/93

1. NAME OF RESPONDENT
Mercedes Murillo

2. PHONE NO. (HOME)
818-794-6607 310-699-7411

WORK

3. STREET ADDRESS
926 Alta Vista Drive

4. CITY STATE ZIP CODE
Altadena CA 91101

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES (USE 2ND PGE IF NEEDED)
After using spray as instructed in unventilated room, consumer immediately experienced coughing and shortness of breath. Two hours after use, consumer had difficulty breathing and was taken to an emergency clinic (name unknown), diagnosed with angio edema was treated and released.

1/6/93 Consumer called manufacturer (name and title unknown) explained incident and was told manufacturer (name and title unknown) -cont-

6. DATE OF INCIDENTS
12/27/92

7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY:
37 YR/F
see narrative

8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME self
RELATIONSHIP self

9. DESCRIPTION OF PRODUCT
5-ounce can of leather spray protector

10. BRAND NAME
Wilsons Leather Protector

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE
Wilson Suede and Leather Co.
unknown
Minneapolis, Minnesota 55437
unknown
unknown
unknown
unknown

12. MODEL, SERIAL NUMBERS
unknown

13. DEALER'S NAME, ADDRESS & PHONE
Wilson Suede and Leather Store
Santa Anita Shopping Mall
Arcadia, CA zip code unknown
unknown

14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES NO x IF YES, BEFORE OR AFTER THE INCIDENT? DESCRIBE:

15. PRODUCT PURCHASED NEW x USED
DATE PURCHASED 12/23/92 AGE 4 days

16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: "Do not smoke while using this product."

17. HAVE YOU CONTACTED THE MANUFACTURER? YES x NO
IF NOT, DO YOU PLAN TO CONTACT THEM? YES NO OTHER?

18. IS THE PRODUCT STILL AVAILABLE? YES x NO
IF NOT, ITS DISPOSITION

19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO

20. DATE RECEIVED
01/13/93

21. RECEIVED BY (NAME & OFFICE)
kgw/hl

22. DOCUMENT NO.
H310096A1

23. FOLLOW-UP ACTION

24. PRODUCT CODE(S)

25. DISTRIBUTION

26. ENDORSER'S NAME & TITLE

024
1/14

CONSUMER PRODUCT INCIDENT REPORT

H310096A1

would call consumer back (date unknown).

Consumer read about recall from an article in the Minneapolis Star Tribune newspaper.

Consumer got CPSC hotline number from the information operator.

11/4/93

U. S. CONSUMER PRODUCT SAFETY COMMISSION

SAMPLE COLLECTION REPORT

1. Flag		2. Date Collected 1-4-93		3. Sample type & number [XX] Physical R-830-4206 [] Documentary			
4a. Product name Aerosol Container of Leather/ Suede Protector		4b. Model 5 Oz. Can SKU 18996003		4c. NEISS 0952		5. Assignment ref. IDI# 921230CCN0563	
6. Complete for import samples				7. MIS		8. Hours:	
a. Port of Entry				33072		a. Activity 4	
b. Entry # & date				33567		b. Travel 1	
c. Country of Origin				9a. Home RO		9b. Collecting RO	
d. HSUSA code				FOCR		MSP-RP	
e. Customs Contact							
10. Sample Cost \$5.00 cash		11. Invoice value of lot \$.00		12. Size of lot 1 Can			
13. Manufacturer/Importer Distributor Wilson 400 Hwy# 169 So., St#600 ID # Mpls, MN. 55426		14. Manufacturer/Importer Retail Store Wilson Maplewood Mall St. Paul, MN. 55109 ID#		15. Manufacturer/Importer Consumer [redacted] White Bear Lake, MN. 55110 ID#			
16. Supporting documents attached: None							
a. Invoice # & date:				b. Date Shipped:			
c. Shipping record # & date:							
d. Affidavit signer's name, title & date:							
17. Product Identification: METAL AEROSOL CONTAINER OF LEATHER PROTECTOR/Labeled in part, "SUEDE & LEATHER WILSONS *** LEATHER PROTECTOR *** CAUTION: VAPOR MAY BE HARMFUL *** NET WT. 5 OZ. ***NO FLUOROCARBONS *** CAUTION: EXTREMELY FLAMMABLE. CONTAINS PETROLEUM DISTILLATES ***KEEP OUT OF REACH OF CHILDREN *** MANUFACTURED FOR: WILSONS *** MINNEAPOLIS, MN 55426 SKU 189960003 ***C129***".							
18. Reason for collection & analysis needed: FHSA XX CPSA FFA PFFA RSA Sample collected as F/U to IDI#921230CCN5668 regarding complainant's reaction to aerosol product after use. Assign from FOCR (Vece).							
19. Summary of Field Screening: None							
20. Sample Size, Method of Collection: The above consumers partially used can of the aerosol product was collected as requested by FOCR (Vece). The unit was identified, placed in a paper bag, sealed and prepared for shipment to HSHL for evaluation.							
21. Identification on sample "R-830-4206 1-4-93 JRB"				22. Identification on seal "R-830-4206 1-4-93 Jerome R. Boog"			
23a. Sample delivered to U.S. Mail; St. Paul, MN.				23b. Date 1-5-93		24. Orig. report/records sent to FOCR	
25. Laboratory/Office: ESEL [] HSHL [XX] CERM [] CECA [] OTHER []							
26. Remarks The consumer used the above product of her new leather coat and a pair of boots. Used for about 15 minutes inside home. Four later she experienced SOB, tightness in chest, coughing and respiratory distress. Four later her son (6 yrs) began coughing, neck pain and sore throat. Family has recovered.							
27. Related Samples None							
28a. Collector's name, title & employee # Jerome R. Boog, Investigator 8156				28b. Collector's signature & date [Signature] 1-5-93			
29a. Reviewer's name, title & employee # John R. Vece, Supv. 8/30				29b. Reviewer's signature & date [Signature] 11/1/93			

Distribution: Orig [] Lab [] Fiscal [] Data [] Hdqtr [] Other [X]

CONSUMER PRODUCT INCIDENT REPORT

20-
12/31/92

1. NAME OF RESPONDENT Barbara A. Yaeger		2. TELEPHONE NO. (Home) (Work) (414) 499-6143 (Home)	
3. STREET ADDRESS 800 Stoneybrook Lane		4. CITY STATE ZIP CODE Green Bay, WI. 54304	
5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.) Respondent was spraying her newly purchased leather jacket with an aerosol fabric protection treatment; she began experiencing severe respiratory distress after several minutes exposure to the fumes. Victim's condition continued to deteriorate, and she was transported by ambulance to a local hospital for emergency treatment. She was diagnosed as suffering from chemical pneumonia; she was released the following day.			
6. DATE OF INCIDENT 12/24/92	7. IF INJURY OR NEAR MISS, GIVE AGE <u>37</u> SEX <u>female</u> AND DESCRIBE INJURY <u>chemical pneumonia</u>	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME <u> </u> RELATIONSHIP <u> </u>	
9. DESCRIPTION OF PRODUCT aerosol fabric protection treatment		10. BRAND NAME Wilson's Leather Protector	
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE Wilson Suede and Leather, Inc. Minneapolis, MN.		12. MODEL, SERIAL NO.'S 5 ounce can	
		13. DEALER'S NAME, ADDRESS & PHONE Wilson's Suede and Leather Port Plaza Shopping Center Green Bay, WI. 54304	
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES <u> </u> NO <u>X</u> IF YES, BEFORE OR AFTER THE INCIDENT? <u> </u> Describe <u> </u> <u> </u> <u> </u>		15. PRODUCT PURCHASED NEW <u>12/24/92</u> USED <u> </u> DATE PURCHASED <u> </u> AGE <u> </u> <u>hours</u>	
		16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: <u>vapors may be harmful.</u>	
17. HAVE YOU CONTACTED THE MANUFACTURER? YES <u> </u> NO <u>X</u> IF NOT, DO YOU PLAN TO CONTACT THEM? YES <u> </u> NO <u> </u> OTHER <u> </u>		18. IS THE PRODUCT STILL AVAILABLE? YES <u> </u> NO <u>X</u> IF NOT, ITS DISPOSITION <u> </u>	
19. MAY WE USE YOUR NAME WITH THIS REPORT? YES <u>X</u> NO <u> </u>			
FOR ADMINISTRATION USE			
20. DATE RECEIVED 12/31/92	21. RECEIVED BY (Name & Office) Dennis B. Blasius, MKE-RP		22. DOCUMENT NO. 606 G2C0251
23. FOLLOW-UP ACTION Conduct ITOI 930104 COW 0580			24. PRODUCT CODE(S) 0952
25. DISTRIBUTION D: EPDS; cc: CERN, Jacobson; cc: FOCK		26. ENDORSEMENT NAME & TITLE <u> </u> <u>SWT</u>	

CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF RESPONDENT Sandra McGee		2. TELEPHONE NO. (Home) (Work) (309) 274-4426	
3. STREET ADDRESS 5204 E. Cambren Ave.		4. CITY STATE ZIP CODE Chillicothe IL 60152	
5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.) The respondent stated that she purchased 3 leather coats in Dec. 1992. With the coats she also purchased 3 cans of 5 oz size Wilson Leather Protector to treat the coats. On 12/26/92 she sprayed all 3 coats in her garage. 2-3 cans of the Leather Protector were used. Within 1-2 hrs. after spraying the coats she developed tightness in her chest, difficulty breathing and coughing. The symptoms continued and worsened into the next day when she went into work at a local hospital. Because she was feeling worse she went to the hospital emergency room and was examined. She was given oxygen and a chest xray was taken. The xray was negative. She was also given an antibiotic. The doctor feels that her problem was caused by exposure to the Leather Protector. The respondent does not smoke and does not suffer from any respiratory problems.			
6. DATE OF INCIDENT(S) 12/26/92	7. IF INJURY OR NEAR MISS, OBTAIN AGE _____ SEX _____ AND DESCRIBE INJURY _____		8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME _____ RELATIONSHIP _____
9. DESCRIPTION OF PRODUCT Leather Spray		10. BRAND NAME Wilson Leather Protector 5 oz. size	
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE Wilson Suede & Leather 400 Hwy 169 South Minneapolis, Mn. 55426		12. MODEL, SERIAL NO.'S 5 oz size	
		13. DEALER'S NAME, ADDRESS & PHONE Wilsons Northwood Mall Peoria, Il.	
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES _____ NO <u>X</u> IF YES, BEFORE OR AFTER THE INCIDENT? _____ Describe _____		15. PRODUCT PURCHASED NEW <u>X</u> USED _____ DATE PURCHASED <u>12/92</u> AGE _____	
		16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: _____	
17. HAVE YOU CONTACTED THE MANUFACTURER? YES _____ NO <u>X</u> IF NOT, DO YOU PLAN TO CONTACT THEM? YES <u>X</u> NO _____ OTHER _____		18. IS THE PRODUCT STILL AVAILABLE? YES _____ NO <u>X</u> IF NOT, ITS DISPOSITION Just the empty cans	
19. MAY WE USE YOUR NAME WITH THIS REPORT? YES <u>XX</u> NO _____			
FOR ADMINISTRATION USE			
20. DATE RECEIVED 12-31-92	21. RECEIVED BY (Name & Office) JRV/FOCR		22. DOCUMENT NO. G31-0094
23. FOLLOW-UP ACTION <i>File</i>			24. PRODUCT CODE(S) 0952
25. DISTRIBUTION O: EPOUS; CC: CERN, Jackson; CC ER		26. ENDORSEER'S NAME & TITLE <i>Ann/ke SWSZ</i>	

FIELD ACTIVITY COVER SHEET

1. REGION/STATE FOCR		2. OPERATION (Check One) <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Establishment Visit <input type="checkbox"/> Telephone Contact <input type="checkbox"/> Investigation <input type="checkbox"/> Other _____		3. DATE 12-30-92	
4. NUMBER (For R Use)					
5. ESTABLISHMENT Name <u>Vanguard Chemical Corporation</u> Address <u>1110 Washington</u> City <u>St. Louis</u> State <u>MO</u> Zip <u>63101</u> Telephone No. _____					
6. RELATED FIRM <input type="checkbox"/> Parent <input type="checkbox"/> Headquarters <input type="checkbox"/> Subsidiary <input type="checkbox"/> Other _____ Name _____ City _____ State _____					
7. PRODUCTS COVERED <u>leather finishes</u>			8. OTHER CONSUMER PRODUCTS <u>none</u>		
9. ESTABLISHMENT TYPE <input checked="" type="checkbox"/> Manufacturer <input type="checkbox"/> Importer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Own Label Distributor <input type="checkbox"/> Retailer <input type="checkbox"/> Repackager <input type="checkbox"/> Other _____			10. ANNUAL PRODUCTION Products Covered \$ <u>est 1,000,000</u> Units _____ Other Products \$ _____ Units _____		
11. L.S. BUSINESS Received <u>50</u> Shipped <u>50</u>		12. SAMPLES COLLECTED <u>none</u>		13. MIS CODE <u>33567</u>	
14. HOURS Activity <u>27</u> Travel <u>4</u>					
15. REASON FOR ACTIVITY (Assignment Reference) <u>followup to reported incidents of adverse reaction to Wilsons Suede & Leather Protector</u>					
16. EMPLOYEE'S NAME <u>Sandra L. Glazier</u>		TITLE <u>Investigator</u>		SIGNATURE <u>Sandra L. Glazier</u>	
17. <input checked="" type="checkbox"/> EXPOSURE <input type="checkbox"/> REMARKS <input type="checkbox"/> SUMMARY <input type="checkbox"/> OTHER _____ This inspection was conducted as a F/U to the reports of people suffering respiratory distress after using Wilsons Leather Protector spray. Vanguard manufacturers the Leather Protector for Wilsons. The inspection revealed that Vanguard Chemical Corp. is a manufacturer of chemical leather care products primarily for private label customers. They began making the Wilsons Leather Protector spray in 1989. At that time the product came in a 7 oz. aerosol size and its formula was 96% 1,1,1 trichloroethane. They sold 2-3 million cans of this product exclusively to Wilsons Suede and Leather in Minneapolis, Mn. In Nov. 1992 the formula of the product was changed to eliminate the 1,1,1 trichloroethane. The change was made in consultation with Wilsons and 3M Co., the supplier of the Scotchgard resin that is the other ingredient in the Leather Protector. 80% Isooctane was substituted for the 1,1,1 trichloroethane. The propellant was also changed from carbon dioxide to propane. A new ingredient (continued)					
18. REVIEWER'S NAME <u>John R. Vece</u>		TITLE <u>S.P.S.I.</u>		SIGNATURE <u>John R. Vece</u>	
19. REVIEW DATE <u>1-26-93</u>		20. DISTRIBUTION <u>O: FOCR; cc: CERM, C. Jacobson; cc: STL-RP.</u>			

RECEIVED 5/25/94
Comments made
Excisions/Revisions
Firm has not requested
further notice

EIR 12/30/92 SLG

Vanguard Chemical Corp.
St. Louis, Mo. 63101

ENDORSEMENT CONTINUED

Vybar (a polymerized alpha alkene reportedly non hazardous) was also added. Vanguard did no testing of the new or old formula other than efficacy testing. They began shipping the new formula Leather Protector to Wilsons in Nov 1992. The new product now came in a 5 oz. aerosol can. They sold 440,000 cans of the new formula to Wilsons.

Vanguard stated that prior to the problems reported to Wilsons with the new formula, they had never received any complaints of illness or injury caused by the Leather Protector.

F/U: Refer to Compliance.